

## Department of **Environmental Protection**

Lawton Chiles Governor

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Massarat Asrar Rosemont Cleaners (Zamzam, Inc.) 5752 North Orange Blossom Trail Orlando, Florida 32810

Facility I.D. No. 0950312 Re:

Dear Mr. Asrar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

Mr. Louis Nichols, Central District

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

airs id#: 0950312	Best Available Copy	7-10-97 1	Revised 10/10/
tije tije to bejar og <b>DRY (</b> Al	CLEANER AIR QUALIT NUAL COMPLIANCE CEI	THEICATION FORM	DRANGE COUNTY ENVIRONM
FACILITY NAME: Rose	mont Cleaners		DATE: 8/20/90
FACILITY LOCATION: 5	752 N. Orange Irlando FL 3	Blossom Ir. B2810	. /
Annual Reporting Period:	2/19 19	98 то	1/26 19 9
	the Title V general air permit, my fa Code (F.A.C.), during the period co		. —
f NO, complete the following:			
1. Term or condition of the genera	al permit that has not been in continu	ious compliance during the reporti	ng period stated above:
exact period of non-compliance: fr	om	to	
action(s) taken to achieve complian	ice:	S. Or.	
Acthod used to demonstrate compli	ance:	\$\partial   \qquad     \qq           \qu	15g0 C
2. Term or condition of the genera	al permit that has not been in continu	ous compliance during the reporting	ngaperiod stated above:
xact period of non-compliance: fr	om	to	
action(s) taken to achieve complian	ice:		
Acthod used to demonstrate compli	ance:		
ade in this notification are true, a	certify, based on information and be ccurate and complete. Further, my o eceipts, does not exceed 2,100 gallo cilities.	nnual consumption of perchloroet	hylene solvent, based
ESPONSIBLE OFFICIAL:	MASSARAT ASRAR	famout Agrar	8/20199
	Name (Please Print)	Signature	Date

<sup>\*</sup>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: 2:00 TIME OUT: 2:3  TYPE OF FACILITY: Dry Cleaner  FACILITY NAME: ROSEMONT Clean  FACILITY LOCATION: 5752 N.O. 13. T	
	810
RESPONSIBLE OFFICIAL: Massavat Asvav	PHONE NUMBER: 407 - 297 - 0441
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
No leak Detection Log	SIX month reinspection
\(\frac{1}{2}\)	, . ·
÷	
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8 19	198
INSPECTION CONDUCTED BY: 1000	Fletchay  case Print)
INSPECTOR'S SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PHONE NUMBER: 836-9524

Page\_\_\_of\_\_\_.

Revised 10/96

## Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
_	ROSEMUNT CLEANERS (ZAMZAM INC)						
2.	Site Name (For example, plant name or number):						
	ROSEMONT CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 981 478 274						
4.	Facility Location: 5752 N ORANGE BLUSSOM TRAIL Street Address:						
	City: ORLANDO County: ORANGE Zip Code: 32810						
5.	Facility Identification Number (DEP Use):						
	0950312						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	MASSARAT ASRAR OWNER						
7.	Responsible Official Mailing Address:  Organization/Firm:  SAME AS # L4  Street Address:						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number: Telephone: (407) 297 - 044  Fax: ( ) -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address: City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: ( ) - Fax: ( ) -						

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Bureau of Air Monitoring & Mobile Sources

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# # 0950312

P. 14

3. existing large area source should be marked

P.15

4. existing large c.a. or r.c. should be marked

(c) or (d) should be marked

(+) should be marked

9/20 Mr. Asrar uses approx

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	<u> </u>	12-NOV-93		08-DEC-91	Instance	#3	1	02-MAR-92
Dry-to-Dry Unit				1 - 12	- 18 18 18 18 18 18 18 18 18 18 18 18 18				
(1) w/ ref. condenser	<u> </u>		l	<u> </u>	1	T	T	T .	
(2) w/ carbon adsorber									
(3) w/ no controls	1	*alprox 1985		-		<del> </del>	+		
Washer Unit	<u> </u>	N/A						i Kiri garayand	i ekkeleke et e
(4) w/ ref. condenser		1 777	I		T			, ,	T
(5) w/ carbon adsorber		_					+		
(6) w/ no controls		_							
Dryer Unit		N/A			il Zina zaraza	j de de la jir	5 7 7	i Agelja urije Sija,	i e Glastik in
(7) w/ ref. condenser	1	7,7	<u> </u>	<u> </u>	T ,	T	T	1	T
(8) w/ carbon adsorber		_		-					
(9) w/ no controls					<del> </del>				-
Reclaimer Unit	13	N/A		. : : : : : : : : : : : : : : : : : : :	uu. Naaraan ka	unione di Servicio di Co			<u>.</u> Complete and a time to a
(10) w/ ref. condenser	ļ <u>.</u>	1 77	1		T	<u> </u>	T	T	
(11) w/carbon adsorber							+		<del> </del>
(12) w/ no controls		_			<del>                                     </del>		+		1
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are required are r	equired to be ity of perchlo	yet installed installed [_ proethylene (	perc)	purchased in	,			
3. What is the facility's so (Indicate with an "X".  Existing small ar Existing large ar	Selec ea so	et one classifi ource [ X ]	cation only.)	ew sn	initions found nall area sour rge area sour	rce [	(3) of	Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this no (Indicate with an "X".)	tification form?
Existing large area source  Carbon adsorber [] Refrigerated condenser []	
New small area source Refrigerated condenser  [ X ]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the generate Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the 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/boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gaduring 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 thi	s general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring   No holords available. []	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration (in Dec. 95 []	
(f) Start-up, shutdown, malfunction plan	

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## Surrender of Existing Air Permit(s)

ease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	·
[_×_]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to 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.
<b>T</b>	Date Date
a	mark 23, 1996

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1230 TIME OUT:	AIRS ID#: 07503/2
TYPE OF FACILITY: Dry Cleaning FACILITY NAME: ROSEMONT Clean FACILITY LOCATION: 5752 N.O.BT.	
FACILITY LOCATION: 3/32 NO.18/1	37810
RESPONSIBLE OFFICIAL: Massavat Asvav	PHONE NUMBER: 407 297- 6441
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate discrepancies were noted:	tive Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Maintein Rolling Perc O consumption Log	No Follow up required
No Leak Detection Log	n s u c
No Corrective Action Form	n 11 11 11
in the second se	
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: TODD FIG.	proximate)  etchev  ase Print)  PHONE NUMBER: (407) 836-9524
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407 836-7529

Revised 10/96



## **Orange County Environmental Protection Department**

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ם ו ט	COMPLAINT/DISCO	OVERY	ט
AIRS ID#: 095 0312.D/					. 18
FACILITY NAME:Q	osemont	Clear	relis		
FACILITY LOCATION:	5752	NOB7	<del>-</del>		
	Orlando	FI	3Z810		
PART I: NOTIFICATION				and the same of the same same same same same same same sam	
(check appropriate box)	<del></del>				
1. Existing facility notified DARN	A by 9/1/96				9
2. New facility notified DARM 30	) days prior to start	lup			
3. Facility failed to notify DARM	to use general per	mit			
PART II: CLASSIFICATION				3	
Facility indicated on notification (check appropriate box)  A.	ı form that it is:				
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)		dry-to-dry only, transfer only, both types, x<			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) 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="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	) 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="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classific	ation*	ØY ON			
If no, please check the appropria	nte classification:				
	ed for a general per s above limits and		above or a general permit		
B. The total quantity of perchlo facility was 234 gallons.	roethylene (perc) p	urchased within	the preceding 12 month	hs by this dry	cleaning

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY UN ON/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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:						
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	WY UN					
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?						
Is the temperature differential equal to or greater than 20° F?	DY ON NA					
3. Measured and recorded the perc concentration in the exhanst 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?	DY ON ONA					
Is the perc concentration equal to or less than 100 ppm?	אוג מם צם					
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 NA					
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?						
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN BYNA					
PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	/					
	GY CIN					
(check appropriate boxes)	GY ON					
(check appropriate boxes)  1. Maintained receipts for perc purchased?	מין טא					
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?						
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	מין טא					
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	OY ON					
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>						
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	OY ON OY ON OY ON					
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>						
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>						
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>						
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>						
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>						

2.	Which method of detection is used by th	•				/	
	Visual examination (condensed so	A					
	Physical detection (airflow felt thr	ú/					
	Odor (noticeable perc odor)	ď.					
	Use of direct-reading instrumental	ibes)					
	If using direct-reading instrume	ntation, is	s the eq	uipment:			
	a. Capable of detecting p	erc vapor	concent	trations in a	a range of 0-500 ppm?	OY O	7
	<ul><li>b. Calibrated against a single (PID/FID only)?</li></ul>	Landard ga	s prior	to and after	cach use		И
	c. Inspected for leaks an	d obvious	signs of	wear on a	weekly basis?	UY U	Ν
	d. Kept in a clean and so	ecure area	when n	ot in use?		UY UN	
	e. Verified for accuracy	by use of a	duplicate	e samples (	calorimetric only)?	ШΥШ	N
3.	Has the facility maintained a leak log?					OY O	N
4.	Does the responsible official check the	following	areas fo	r leaks?			
	Hose connections, fittings, couplings, and valves	GY,	ПN		Muck cookers	σγ	ПN
	Door gaskets and scating	ĽΥ	ПN		Stills	ŒΥ	ΠN
	Filter gaskets and seating	GY /	ПИ		Exhaust dampers	ĽΥ	ПN
	Pumps	CYY ,	ПИ		Diverter valves	ŒΥ	NG
	Solvent tanks and containers	цχ	UN		Cartridge filter housings	DX.	ПN
	Water separators	ŒΥ	ПN				
1,500	Λ						

Massavat Asvav
Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

2 118 198 Approximate Date of Next Inspection

	į	<del></del>	BEST AVAILABLE C	ОРУ
		# 095031		
	P. 14			n.
	3.	existing large	$oldsymbol{arrho}$	
1.	racinty Ov	area Source	Should	
	17028	be marked		
2.	Site Name P. 15			
3.	Hazardous 4.	existing large	2. ( a	
4	F ilio V	existing large	old be	
4.	Street Ac	marked		2 2 5010
	City: O	c) or (d) should	- 100	: 32810
5.	30115 G3000 1386 T0864	Torld) should Marked	J be	
		•	•	10312
	1	(t) should be	•	
6.	Name ar 9/20 8 8	Mr. Asrar use.	s approx.	
7.	Responsible Official Organization/Firm:	Mailing Address."  SAME AS # 4	$\alpha$ ( $\cap$	
	Street Address:	•	[ "     ] /	/·
	City:	County:		Zip Code:
8.	Responsible Official Telephone: (40)	Telephone Number:	Fax: ( ) -	ĺ
		Facility Contact (If different from	•	12131415161778
9.	Name and Title of Fa	ncility Contact (For example, plant n	nanager): //	NOV 1000
10.	Facility Contact Add	ress:	100 E	
	Street Address:		· ·	(.)
	City:	County:	Zip Co	de: 03 35 82 12 91
11.	Facility Contact Tele Telephone: (	phone Number: ) -	Fax: ( ) -	
	rerepriorie.	, -	Fax: ( ) -	

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AUG 30 1990

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Bureau of Air Monitoring & Mobile Sources

## **Best Available Copy**

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	ROSEMUNT CLEANERS (ZAMZAM INC)				
2.	Site Name (For example, plant name or number):				
	ROSEMONT CLEANERS				
3.	Hazardous Waste Generator Identification Number:				
	FLD 981 478 274				
4.	Facility Location: 5752 N ORANGE BLUSSOM TRAIL Street Address:				
	City: ORLANDO County: ORANGE Zip Code: 32810 FL				
5.	Facility Identification Number (DEP Use): 0950312				
	Responsible Official				
6.	Name and Title of Responsible Official:  MASSARAT ASRAR / OWNER				
7.	Responsible Official Mailing Address:  Organization/Firm:  Street Address:				
	City: Zip Code:				
8.	Responsible Official Telephone Number: Telephone: (407) 297 - 044   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 3 0 1970

Bureau of Air Monitoring & Mobile Sources <u>#</u> 0950312

9-20 Spoke to Mr. Asrar, he uses 8,840 gal/yr of propane HP-15

PM = 3.5 gallyr

NOx = 123.7 gal/yr

CO = 16.7 gal/xr

TOC- 4 gal/yr

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			·. ·						
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	j	*approx 1985					_		
Washer Unit	•	N/A		<u>'</u>					,
(4) w/ ref. condenser		/							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		H/A			•				
(7) w/ ref. condenser		, , , , , , , , , , , , , , , , , , ,							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		NA	· .			•			4
(10) w/ ref. condenser		1 /							
(11) w/carbon adsorber									
(12) w/ no controls									
	* 1	en anna	from Dec	195				•	
(b) Control devices are	requ	ired, but not	yet installed		$\checkmark$				
(c) No control devices	are r	equired to be	installed [_		ال				
2.(a) What was the total of 234	quant gallo	ity of perchlo	proethylene ( achine wal	perc)	purchased in	n the latest 12 brevious o	! moi wrvs	nths? moved	out.
(b) If less than 12 mont Check why it is less	hs, h than	ow many? [_ 12 months:	$\mathcal{E}$ months New owner:		New store	:: [] Did	not k	eep records:	[]
3. What is the facility's so (Indicate with an "X".					initions found	d in section (I	3) of	Part II?	
Existing small ar	ea.so	urce [X]	F NO	ew sn	nall area soui	rce [			
Existing large are	ea soi	urce [X]	P Ne	ew la	rge area sour	ce [	Ī		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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  [X] F  Refrigerated condenser  [X] F
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to 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    No holands   X   F
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration (in Dec. 45 []
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

## Surrender of Existing Air Permit(s)

Please indicate	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)
<b>_ ^</b>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the thin the thin thin this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Date 218/97

70 DRY CLEANER AIR QUALITY GENERAL PERMIT reau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources AIRS ID 0950312 ZAMZAM INC MASSARAT ASRAR 5752 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 Do NOT Remove Label DECEMBER JANUARY 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. YES If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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.

RESPONSIBLE OFFICIAL: MASSARAT ACRAR avant 1/15

Name (Please Print) Signature D

Note: My Perc (solvent) used in 1997 is 109.20 gallons compared to 380.70 gallons in 1996

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	_	3 3	COMPLAINT/DISCOVERY	Sureau Or 1 9 199  & Mobile Soure
AIRS 1D#: <u>6950317</u>	_DATE: 2 [9]	98 TI	ME IN	: <u>200</u> time out	:_Z3Ò
FACILITY NAME:	Rosemont	_ 0	ean	ev5	
FACILITY LOCATION:	<u> 5752 /</u>	Morth	10	varye Blossom	Treat
	Orland	o [-	= \		·
RESPONSIBLE OFFICIAL	: Massavat	Asva	<u> </u>	PHONE: 407-297-	0441
CONTACT NAME:				PHONE:	
SAFETY AND SAFETY AND SAFETY OF THE SAFETY O					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARI	M 30 days prior to start	tup			<b>u</b> .
2. Facility failed to notify DA	RM to use general per	mit			
PART II: CLASSIFICATION	N				
Facility indicated on notificate (check appropriate box)  A.		,		☐ No notification form ☐ Drop store/out of business	s/petroleum
1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr yr	dry-to-dr transfer o both type	y only, ; only, x < es, x < 1	rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ , both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr   800 gal/yr   0 gal/yr	dry-to-dr transfer- both type	ry only, only, 20 es, 140 ;	rea source $\square$ 140 $\le$ x $\le$ 2,100 gal/yr. 0 $\le$ x $\le$ 1,800 gal/yr $\le$ x $\le$ 1,800 gal/yr or after 12/9/91)	
5. This is a correct facility	y classification	CN	ПИ	□Can not determine	
al 🔲 fa	he appropriate classific cility qualified for a ge cility exceeds above lin	neral pern		unber above gible for a general permit	
B. The total quantity of perconactive facility was 23 gallo	chloroethylene (perc) pons.	urchased v	vithin tl	ne preceding 12 months by th	is dry cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

#### 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?	ÜΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ΠN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ÜN	□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?	ÜΥ	אנט	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ПN	טא/א
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	מט	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜN	∐N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	אט	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly total of perc consumption?	QY CIN				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	איאם אים גם				
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY EN ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	איאנים אום או				
5. Maintained exhaust duct monitoring data on perc concentrations?	CIÀ CIN BANIV				
6. Maintained startup/shutdown/malfunction plan?	EN UN				
7. Maintained deviation reports?	ON ON ONIV				
Problem corrected?	OY ON BYIA				
8. Maintained compliance plan, if applicable?	DY DN DN/A				

PA	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?						ПИ
2.	Has the facility maintained a leak log?					ÜΥ	ĽΖŃ
3.	Does the responsible official check the t	followi	ing ar	cas for leaks?			
	Hose connections, fittings, couplings, and valves	αY	ПN	□N/A	Muck cookers	ďγ	
	Door gaskets and seating	ØΥ	ПN	□N/A	Stills		איאם אם
	Filter gaskets and scating	Øγ	ÜИ	□N/A	Exhaust dampers	ØΥ	
	Pumps	ďγ	ΠN	□N/A	Diverter valves	ďy	□N □N/A
	Solvent tanks and containers	Øχ	ПИ	□N/A	Cartridge filter housings	ŒΥ	□N □N/A
	Water separators	ÚΥ	ΠN	□N/V			
4.	Which method of detection is used by the	ne resp	onsil	ole official?			
	Visual examination (condensed se	olvent	on ex	terior surfaces)			
	Physical detection (airflow felt the	rough	gaske	ts)		Ü	
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (f	TID/P	ID/calorimetric	tubes)		
	Halogen leak detector					<b>u</b> /	
	If using direct-reading instr	umen	tation	, is the equipm	ient:	(Z) N	'A
	a. Capable of detecting	pere va	apor c	concentrations is	n a range of 0-500 ppm?	ÜΥ	ÜN
	b. Calibrated against a s (PID/FID only)?	standai	rd gas	prior to and af	ter each use	ΠY	□и
	e. Inspected for leaks a	id obv	ious s	igns of wear on	a weekly basis?	ÜΥ	N
	d. Kept in a clean and s	ecure :	arca v	vhen not in use	7	ΟY	ПN
	e. Verified for accuracy	by uso	c of di	uplicate sample	s (calorimetric only)?	ΠY	ΠN
B <sub>B</sub>							
	Olicles/						
-	Inspector's Name (Please Pri	vCV int)			Date of Insp	cction	)
	And CIAA						
	Inspector's Signature	ンしー			Approximate Date of	V VS	Inspection

A	ADDITIONAL SITE INFORMATION:
1	
	en de la companya de La companya de la co

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON DO COMPLAINT/DISCOVERY CI
-	
FACILITY NAME: <u>DRY CLEA</u>	
FACILITY LOCATION: <u>ROSEMO</u>	NT CLEANERS.
5752	N. D. B. T
responsible official : <u>MASS AR</u>	AT ASSAL PHONE: 407-297-044/
CONTACT NAME:	PHONE:
DARDI. NAVIGICALIA	P
PART I: NOTIFICATION  (check environments box)	
(check appropriate box)  1. New facility notified DARM 30 days prior to st	tartup E TE
2. Facility failed to notify DARM to use general p	6 8
-	
PART II: CLASSIFICATION	
PART II: CLASSIFICATION  Facility indicated on notification form that it is (check appropriate box)	:   No notification form  Drop storc/out of business/petroleum
Facility indicated on notification form that it is	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/petroleum  2. New small area source  ☐ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop storc/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
Facility indicated on notification form that it is (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate class facility qualified for a	Drop storc/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(clicck appropriate boxes)					
1. Maintained receipts for perc purchased?	NO A TA				
2. Maintained rolling monthly total of perc consumption?	DAY CIN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	איאים אים אַצּל				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוחם אם אם				
4. Maintained calibration data? (for applicable direct reading instruments)	אואבל אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אום אם אם				
6. Maintained startup/shutdown/malfunction plan?	אם צוא				
7. Maintained deviation reports?	איאבל אם אם				
Problem corrected?	אימעל מם גם				
8. Maintained compliance plan, if applicable?	אוא בל אם צם				

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			אט , אבל			
2. Has the facility maintained a leak log?			DAY ON			
3. Does the responsible official check the	following areas for leaks	7	<b>'</b>			
Hose connections, fittings, couplings, and valves	MY ON ONIA	Muck cookers	אואם אם אם			
Door gaskets and scating	MY ON ON/A	Stills	אום אם אלם א			
Filter gaskets and scating	אואם אם אא	Exhaust dampers	מא מא מא מא			
Pumps	MY ON ON/A	Diverter valves	אואם אם אוא			
Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	אוחם אם צעל			
Water separators	אואס אס אס					
4. Which method of detection is used by	the responsible official?		_			
Visual examination (condensed	solvent on exterior surfac	es)	ø			
Physical detection (airflow felt the						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			CI			
Halogen leak detector						
If using direct-reading inst	rumentation, is the equi	pment:	JZN/A			
a. Capable of detecting	pere vapor concentration	s in a range of 0-500 ppm?	DY DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON			
c. Inspected for leaks a	und obvious signs of wear	on a weekly basis?	OY ON			
d. Kept in a clean and	secure area when not in	ısc?	DY DN			
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON			
ASSEFA HAILEMANIAM 8/21/98 Inspector's Name (Please Print) Date of Inspection						

DITIONAL SITE	INFORMATION:			
	. •			
	•			
	•		•	
	•		, , ,	
	•			
	•			
			•	

4. 4.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 11.00	TIME OUT:	1130	AIRS ID#: 09	150312
TYPE OF FACILITY:	RY CLEAN	ER		
FACILITY NAME: RO	SEMONT C	CEAN	ELS	DATE: 8/21/98
FACILITY LOCATION:	5752 N.	0.B.T	·	
	RLANDO F			
RESPONSIBLE OFFICIAL:	MASSARAT A	JSRAR.	PHONE NUMBER:	407-297-0441
ــــــــــــــــــــــــــــــــــــــ	the compliance requirem		during this inspection, the faci e Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were note		ents evaluated	during this inspection, the following	owing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP ACTI	ON REQUIRED
				*
				Δ
·				RE THE CE
				T Tay
		,	`.	Aurces Michigan
	· .			
			\	
COMMENTS:	-5/5+y /N	Com	PliANCE	
The Annual Compliance Certifi	cation form has been pro	perly certified	and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	ON:	8/2/ (Appro	oximate)	·
INSPECTION CONDUCTED	BY: ASSEFA		LEMARIANU e Print)	
INSPECTOR'S SIGNATURE	: nep	ì	•	407-836-9323
`\	$\mathcal{U}$	Page / o	r .) .	Revised 10/96

TYPE OF INSPECTION:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL 11/23/18 COMPLAINT/DISCOVERY

TIME IN: 2:00 TIME OUT: 2:3	0 AIRS 10#: 0950317
TYPE OF FACILITY: DVY CLEGNEV	
FACILITY NAME: Rosemont Clean.	4VS DATE: 2/19/98
FACILITY LOCATION: 5757 N.O.B.T	
Orlando Fl 32	-810
RESPONSIBLE OFFICIAL: Massavat Asvav	PHONE NUMBER: 407 - 297 - 0441
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	•
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
No leak Detection Log	SIX month reinspection
	P
	* Nobile Sources Toring
·	Mobile So, Moni.
	T'Ces Oring
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6 19	pproximate)
INSPECTION CONDUCTED BY: 1000	Fletchey
INSPECTOR'S SIGNATURE:	lease Print) PHONE NUMBER: 836-9524

Page\_\_\_of\_

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TYPE	OF	INSPECTION:	

•	•		$\wedge$		
PERCIILOROETHYLENE DRY CLEANERS					
	TITLE Y GENE COMPLIANCE INSPE		· C		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	130 L		
		Obje	1/2 30 0		
AIRS 10#: <u>0950312</u>	DATE: 1-26-99	TIME IN: 1000 TIME OUT	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
facility name: <u>R</u> c	semont Cle	°aners			
FACILITY LOCATION:	5752 North (	Orange Blossom Tra	il .		
	Orlando, Fl	L 32810			
RESPONSIBLE OFFICIAL: Massarat Asrar PHONE: 407-297-0441					
CONTACT NAME:		PHONE:	<u>-</u> _		
PART I: NOTIFICATION					

PART 1: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to startup		
2. Facility failed to notify DARM to use general permit	:	<u> </u>

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, $x < 140$ gal/yr
transfer only, $x \le 200$ gal/yr	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, $x \le 140$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> </ul>	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
If no, please check the appropriate classifice for a general facility exceeds above line.	
B. The total quantity of perchloroethylene (perc) p facility was 59 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?	MA ON ONIV
2. Examining the containers for leakage?	. BA ON ONIV
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מא טא סאיע
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY CIN WANIA
DANE WAR DO CORES AND COMPANY OF S	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	,
If classification 1 has been checked, no controls are required. Proceed to Part V	/: <u> </u>
If classification 2 has been checked, the machine should be equipped with a refu (complete ${\bf A}$ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	• •
If classification 4 has been checked, the machine should be equipped with a refu , (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	טע טא
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAC NO YC
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОХ ОИ

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ШN	
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?	ĽΙΥ	ШN	
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПИ	□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?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	

PART V: RECORDKEEPING REQUIREMENTS ,	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	של בוא <u>י</u>
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;	אואם אום אוא
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	ØY ON ON/A
4. Maintained calibration data? (for applicable direct reading Instruments)	אואס אם אם א
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANA
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY ON MANY
8. Maintained compliance plan, if applicable?	DY ON MN/A

PA	PART VI: LEAR DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	$N_{ij}$	•	DY DN			
2.	Has the facility maintained a leak log?			CY ON			
3.	Does the responsible official check the fe	ollowing areas for leaks	<b>i</b>				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and scating	אואם אם איא	Stills	MY ON ON/A			
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	QA ON ONVY	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY 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	lvent on exterior surface	es)	ø			
	Physical detection (airflow felt thr	a a					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta						
	Halogen leak detector						
	If using direct-reading instr	ŒΝ/Λ					
	a. Capable of detecting p	pere vapor concentration	s in a range of 0-500 ppm?	OY ON			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and	after each use	OY ON			
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	DY DN			
	d. Kept in a clean and se			DY DN			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON			
		· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·				
			· ·				
	Ilka Bundy		1/26/0	19			
_	Inspector's Name (Please Pri	nt)	Date of Ihsp	ection			
	Ule Rund		1/26/	2000			
-	Justicitor's Signifure		Approximate Date of	Next Inspection			

Gase Mr. Asrar à 1999 Dry Cleaner Compliance Calendar.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: 1000	TIME OUT:	1030	AIRS ID#:	0950312
TYPE OF FACILITY: Dr	1 Cleaner			
FACILITY NAME: ROSE	mont Clear	ners		DATE: 1-26-99
FACILITY LOCATION: 5	752 North Or	range B	lossom Trail	
0.0	-lando FL	32810		
RESPONSIBLE OFFICIAL:	Massarat 1	Asrar	РНОМЕ МИМВЕ	r: 407-297-0441
	the compliance requirements		uring this inspection, the factorial code (F.A.C.).	acility is found to be in
Based on the results of discrepancies were not		ents evaluated de	uring this inspection, the f	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
	<u> </u>			
·			•	
				. '
COMMENTS:				
Facility	in complian	ce. Gar	Je Mr. Asrar a	1999 Dry Cleaner Compliance Calendar
The Annual Compliance Certifi	ication form has been prop	perly certified ar	id submitted to the inspect	or. YES NOL
DATE OF NEXT INSPECTION	ON:	/26/200	)() imate)	
INSPECTION CONDUCTED	A Committee of the Comm	Bundy		
INSPECTOR'S SIGNATURE	e: Llko	D UMON	Print)PHONE NUMBE	r: 836-9524
	٠	Page lof_	•	Revised 10/96

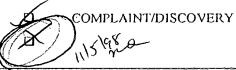
### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION



M21/98

8/3/138

MARE: 8/21	AIRS ID#: 0950,312 DATE: 8/21/98 TIME IN: 1100 TIME OUT: 1/30				
FACILITY NAME: DRY CLEAR	NEL				
FACILITY LOCATION: LOSEMON	IT CLEANERS.				
57-52	N.D.B.T				
responsible official: MASSAR.	AT ASRAL PHONE: 407-297-044				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta	artup 🗆				
2. Facility failed to notify DARM to use general pe	ermit				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	U No notification form U Drop store/out of business/petroleum				
<b>A.</b>	is to participation of our messiperiore and				
1. Existing small area source	2. New small area source				
	1 4 1 1 1 2 1 40 ' 11				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr				
	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	transfer only, $x < 200$ gal/yr				
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)	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only 140 < x < 2 100 gal/yr				
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr				
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  All DN Can not determine by All Can not d				
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  But of All Y				
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source.	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)  A D Can not determine bit of Air Monitoria (constructed on or after 12/9/91)  A D Can not determine bit of Air Monitoria (constructed on or after 12/9/91)				
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source.	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  All DN Can not determine by All Can not d				

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?	אוום אם אם
2. Examining the containers for leakage?	אוום אם אבל
3. Closing and securing machine doors except during loading/unloading?	DA ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	איום אם אס
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ם א מא מאיא
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimum installed prior to September 22, 1993	1
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MA ON ON/Y
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם צען
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON ON/A
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON MINA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

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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?	ΞY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			□N/Λ
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПN	□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?	ΩY	ПN	ווא 🗀 א
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	ΠN/Λ -

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DAY CON
3. Maintained leak detection inspection and repair reports for the following:	· /
a. documentation of leaks repaired w/in 24 hrs? or;	אום אם צובן
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	AND NO AND
4. Maintained calibration data? (for applicable direct reading instruments)	אואב אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON MINA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	אואס אם צם
Problem corrected?	איאבל אם אם
8. Maintained compliance plan, if applicable?	יטא מיט אטיע

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PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	אט אַצאַ			
2. Has the facility maintained a leak log?	DAY ON			
3. Does the responsible official check the following areas for leaks?				
Hose connections, fittings, couplings, and valves  AY DN DN/A Muck cookers	DY ON ON/A			
Door gaskets and scating DY DN DN/A Stills	DY ON ON/A			
Filter gaskets and scating DY DN DN/A Exhaust dampers	DY CIN CIN/A			
Pumps Diverter valves	אואם אם צובן			
Solvent tanks and containers LY UN UN/A Cartridge filter housing	gs AY ON ON/A			
Water separators DY DN DN/A				
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)	Ø			
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)	۵			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ū			
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:	JZN/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	חם אם			
c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON			
d. Kept in a clean and secure area when not in use?	OY ON			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DN			

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

Coneb Meilemann
Inspector's Signature

8/21/98
Date of Inspection

Approximate Date of Next Inspection

UDITIONAL	SITE INFORMA	VIION:			
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# BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1100	TIME OUT: 1/30	)AIRS ID#: <u>0</u> 9	50312
TYPE OF FACILITY: DR	Y CLEANER		///
FACILITY NAME: ROS	EMONT CLEH	Neks	DATE: 8/21/98
FACILITY LOCATION:	752 N.C.B.		
	RIANDO FL.	PHONE NUMBER:	1100 - 250 - 0901
L/			
compliance with DEP Ru	ile 62-213.300, Florida Administra		
Based on the results of the discrepancies were noted		nted during this inspection, the follo	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED .
	:		
	•		·
			:
DMMENTS:	111+y in (0	n. Dlianice	
Annual Compliance Certifica	tion form has been properly certif	ied and submitted to the inspector.	YES NO NO
TE OF NEXT INSPECTION	N:	2//99 pproximate)	·
PECTION CONDUCTED I	BY: ASSEMO 4/2	ILEMARIANT	
ECTOR'S SIGNATURE:	A	lease Print) (1997 - PHONE NUMBER:	unt-836-932
ECTOR O GIOTATORE.			
	Page #	of 🥻 .	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	DN D
AIRS ID#: 0950312 DATE: 2/4/0	00 TIME IN: 1000 TIME OUT 4095
FACILITY NAME: Rosemont C	leaners  FEB 2 4 Nonitoring
FACILITY LOCATION: 5752 No	orth Orange Blossom Irai Bureau of Bour
Orlando, f	
RESPONSIBLE OFFICIAL: Massara +	ASTAT PHONE: 407-297-0441
CONTACT NAME: See Notes	
( receive	(SNIP)
PART I: NOTIFICATION	
(check appropriate box)	
I. New facility notified DARM 30 days prior to star	tup 🔾
2. Facility failed to notify DARM to use general per	mit Q
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y ☑N □Can not determine
If no, please check the appropriate classification of the facility qualified for a gerefacility exceeds above limits.	}
B. The total quantity of perchloroethylene (perc) purfacility was 5% gallons.	rchased within the preceding 12 months by this dry cleaning

ARMS

2-4-00

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased? Has some	מעט אם
1. Maintained receipts for perc purchased? Has some  2. Maintained rolling monthly total of perc consumption? Not pto date	DIY DÎN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY DN DNA
4. Maintained calibration data? (for applicable direct reading instruments)	אומש אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN EMYA
6. Maintained startup/shutdown/malfunction plan?	DAY DN
7. Maintained deviation reports?	מעש מם עם
Problem corrected?	DY DN EIN/A
8. Maintained compliance plan, if applicable?	CIY CIN CON/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources, b	oi-weekly) leak detection ar	nd repair	
inspection?		, t	MY ON	
2. Has the facility maintained a leak log?	No log kept		DY ON	
3. Does the responsible official check the	following areas for leaks?		. ·	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	אום אם אפ	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A	•		
4. Which method of detection is used by the	ne responsible official?		Ċ	
Visual examination (condensed so		D .		
Physical detection (airflow felt thr				
Odor (noticeable perc odor)	<b>u</b>			
Use of direct-reading instrumentat	· 🗖			
Halogen leak detector				
If using direct-reading instru	mentation, is the equipme	ent:	DN/A	
a. Capable of detecting p	DY DN			
b. Calibrated against a st (PID/FID only)?	r each use	□Y □N		
c. Inspected for leaks and	OY ON			
d. Kept in a clean and se	cure area when not in use?		DY DN	
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON	
Ilka Burdy 2/4/00				
Inspector's Name (Please Print	(1)	Date of Inspection		
.,, 1				

Approximate Date of Next Inspection

Inspector's Signature

#### ADDITIONAL SITE INFORMATION:

Navtej Singh - Took over Turs 2-1,00 Mr. As rar - working out deal of owner; 3-4 mos. behind in payments

Documented in Calendar

Feb 11,99 19.5 - Receipt not up to date

5-11,99 19.5 - No - No leak insp.lag

10-14-99 19.5 - Receipt

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [/] COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1045	AIRS 10#: 0950312
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Rose mont Cleaners	DATE: 2/4/00
FACILITY LOCATION: 5752 N. Orange Bloss	
Orlando, FL 32810	
RESPONSIBLE OFFICIAL: Massarat Asrar	PHONE NUMBER: 407-297-0441
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not all perco receipts on site	Re-inspection in one month
No leak inspection log	. 1)
No running perc log	(1)
	•
COMMENTS: Massarat Asrar current Receivership	ly not working at the store.
The Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/4/00	) pproximate)
INSPECTION CONDUCTED BY: Ika Burdy	•
INSPECTOR'S SIGNATURE: Haw Billion	PHONE NUMBER: \$36-1400
Page	of Revised 10/96

### **Best Available Copy**

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS 4-10-00 dayd vio. 4-10-00 HB

RE-INSPECTION.	ON M
_	-00 time in: <u>0800</u> time out: <u>0830</u>
FACILITY NAME: Rose mont Clea	
FACILITY LOCATION: 5752 N.	
Orlando, F	L 32810
RESPONSIBLE OFFICIAL: - Massarat As	
CONTACT NAME: See Addi	tional PHONE:
5;te In	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup 🚨
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
-	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 58 gallons.	urchased within the preceding 12 months by this dry cleaning

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	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?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/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? DY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A 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? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DYN/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN DYNA 8. Maintained compliance plan, if applicable?

PART	PART VI: LEAK DETECTION AND REPAIRS				
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
insp	pection?			MY ON	
2. Has	the facility maintained a leak log?			ey on	
3. Doe	es the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ey 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	BY ON ON/A	
	Pumps	ØY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	MY MN ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	ØY ON ON/A		,	
4. Whi	ich method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces)		<b>u</b>	
	Physical detection (airflow felt thr	ough gaskets)			
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<b>a</b> ,		
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			CIN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			n a range of 0-500 ppm?	□Y □N	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON		
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	□Y □N ·	
	d. Kept in a clean and se	cure area when not in use	?	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
	•				
		· · · · · · · · · · · · · · · · · · ·			
	Ilka Bundy 4-10-00				
Inspector's Name (Please Print)  Date of Inspection					
	Ilka Bundi		4-10-01		
	Inspector's Signature		Approximate Date of	Next Inspection	

3-21-00 1450

April 6, 2000 Court Hearing (Foreclosure)

Come back after 4-6-00 to see if to re-insp.

440-00 Neeta is owner again - Massarat Asarar will not be back. (She was previous owner)

Igrael Rivera was a site for inspection,

He is doing the record leeping for Neeta,

I asked him to have Neeta fill out the

permit & send to Tallahassee ASAP.

I also & asked for her to fill out SOCR + send

to me in the mail.

4-14-00 Spoke w/ Neeta on phone. She should be receiving the title for the Dry Cleaner on Wednesday (Apr. 19th). She will fill out permit then & submit. I told her to call me if she needs help.

I told her to call me if she needs help.

Ilka Bundy

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [ COM	IPLAINT/DISCOVERY RE-INSPECTION V
TIME IN: 0800 TIME OUT: 083	AIRS ID#: 0950312
FACILITY NAME: Rosemont Cleaners	DATE: 4-10-00
FACILITY LOCATION: 5752 N. Orange Blosse	
Orlando, FL 32810	777 1141
RESPONSIBLE OFFICIAL: Massarat Asrar	PHONE NUMBER: 407-297-0441
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Port in
,	-79
<u> </u>	
	•
COMMENTS:	w seconit to be filled out by
Facility in compliance. N	w permit to be filled out by leeta and submitted to Tallahassee near future.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 4-10-	-0/
INSPECTION CONDUCTED BY: Ika 7	ease Print) (407)
INSPECTOR'S SIGNATURE: <u>The Bunch</u>	PHONE NUMBER: 836-1400
Page	/_of Revised 10/96

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

MAIL ROOM

MAR -3 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950312 ROSEMONT CLEANERS MASSARAT ASRAR 5752 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

303861

RECEIVED MAIL ROOM FEB 26 98

Do NOT Remove Label

AIRS ID#0950312

ZAMZAM INC MASSARAT ASRAR 5752 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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

0362343

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 26 99

Do NOT Remove Label

AIRS ID # 0950312
ROSEMONT CLEANERS
MASSARAT ASRAR
5752 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

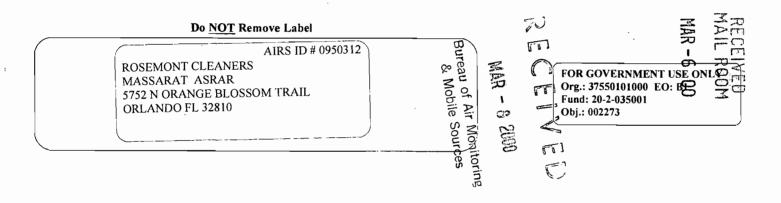
A HAS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393211

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** 





	.Z 333 L	.60	333	190
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	ASSARAT ASRAR			
7:	52 N ORANGE BLOS	SOM '	TRAIL	•
R	LANDO FL 32810			
	Postage	\$		
ļ		Ψ		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
000	Return Receipt Showing to Whom & Date Delivered			
_	Return Receipt Showing to Whom,		_	
	Date, & Addressee's Address		_	
	TOTAL Postage & Fees	\$		
	Postmark or Date			
5				

SENDER:  Complete items 1 and/or 2 for additional services:  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if span permit.  Write "Return Receipt Requested" on the mailpiece below the artice.  The Return Receipt will show to whom the article was delivered and delivered.	to receive the survices (for an extra fee):  ce does not  cle number.  to receive the survices (for an extra fee):  1. \( \subseteq \) Addressee's Address  2. \( \subseteq \) Restricted Delivery
3. Article Addressed to:  AIRS 1D # 0950312  ROSEMONT CLEANERS  MASSARAT ASRAR  5752 N ORANGE BLOSSOM TRAIL  ORLANDO FL 32810	4a. Article Number  2 333 660 335  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	Addressee's Address (Only if requested and fee is paid)

	Z - 333	613 007
	US Postal Service Receipt for Cer	tified Mail
	ZAMZAM INC MASSARAT ASRAR 5752 N ORANGE BLOS ORLANDO FL 32810	AIRS ID 0950312
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

ace does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
4b. Service ☐ Registere ☐ Express	Type ed
8. Addresse and fee is	e's Address (Only if requested paid)
	4b. Service Registere Express Return Re 7. Date of D

	P 174 05 US Postal Service Receipt for Cer	∖(∕(( <sup>(</sup> ()) tified Mail
4	ROSEMONT CLEANE MASSARAT ASRAR 5752 N ORANGE BLO DRLANDO FL 32810	Provided. AIRS ID # 0950312 ERS
	Postage	  \$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER:  Complete items 1 and/or 2 for addition is be.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  The Return Receipt Requested on the mailpiece below the article was delivered a delivered.	lasso wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery
3. Article Addressed to:  AIRS ID # 0950312  ROSEMONT CLEANERS  MASSARAT ASRAR  5752 N ORANGE BLOSSOM TRAIL  ORLANDO FL 32810	Consult postmaster for fee.  4a Article Number  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Data of Delivery  2-2-7
5. Received By: (Print Name)  6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  Dozses-97-8-0179 Domestic Return Receipt

.

			- n
	~Z ∃3∃ (	667	SPB 🖔
	US Postal Service		OK
RC M	Receipt for Cerino Insurance Coverage Do not use for Internation DISEMONT CLEANER ASSARAT ASRAR 52 N-ORANGE BLOSE RLANDO FL 32810	Provided nal Mail AIR S	d. S ID # 0950312
	Certified Fee		
	Special Delivery Fee		
ĸ	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
900	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date	<u> </u>	

tem 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  AIRS ID # 0950312  OSEMONT CLEANERS (ASSARAT ASRAR 752 N ORANGE BLOSSOM TRAIL RLANDO FL 32810  AIRS ID # 0950312  Service Type  C. Signature  X	SENDER: COMPLETE THIS SECTI	ON COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>item 4 if Restricted Delivery is des</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS</li> <li>ROSEMONT CLEANERS</li> <li>MASSARAT ASRAR</li> </ul> </li> </ul>	ired. ne reverse /ou. mailpiece,  ID # 0950312  All.  3. Service Type
	PS Form 3811, July 1999	Domestic Return Receipt 102595-99-

MA 575	Z D94 212 755 2000 US Postal Service Receipt for Certified Mail  AIRS ID # 0950312  ROSEMONT CLEANERS MASSARAT ASRAR 5752 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
LO.	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> ,	Postmark or Date		

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SENDER; COMPLETE THIS SECTION:	v on derivery	/		
<ul> <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> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. D.  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:	Agent Addressee Yes No		
AIRS ID # 0950312' ROSEMONT CLEANERS MASSARAT ASRAR 752 N ORANGE BLOSSOM TRAIL JRLANDO FL 32810	3. Service Type  Certified Mail	or Merchandise		
Z 094 212 455	4. Restricted Delivery? (Extra Fee)	☐ Yes		
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 103	2595-99-M-1789		

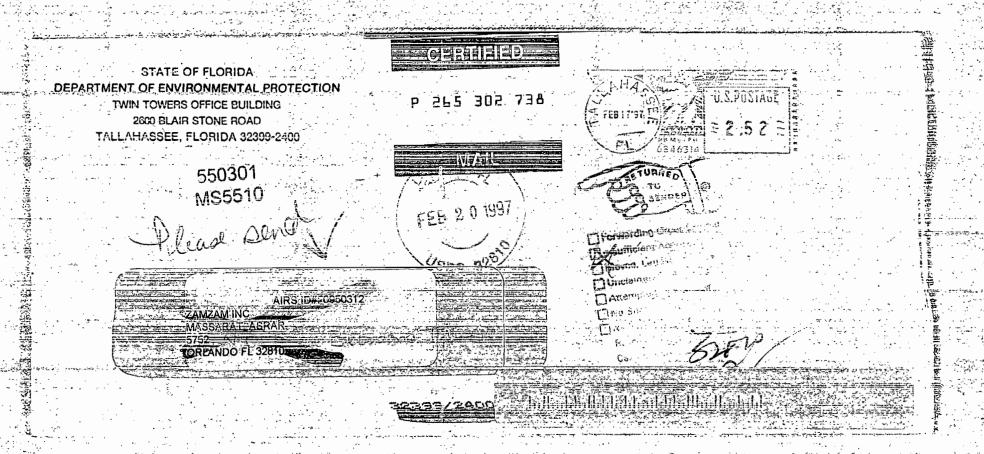
C	S. Postalls ERMSIDE	ervice MAIL REC	EIPT Coverage Provide	d)
(Endo	Postage  Certified Fee Return Receipt Fee preement Required) tricted Delivery Fee preement Required)	\$	Postmark Here	
Recip	NILA PAN 5752 NORT St. ORLANDO	T CLEANERS CHAL TH ORANGE BLOS	 IRS ID # 0950312 SSOM TRAIL	fructions

SENDER: COMPLETE THIS SECTION " "	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Received by Please Print Clearly) B. Date of Delivery  C. Signature  Agent  Addressee
1. Article Addressed to:	D. W delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0950312  ROSEMONT CLEANERS  NILA PANCHAL  5752 NORTH ORANGE BLOSSOM TRAIL	,
ORLANDO FL 32810	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7.0001 0.6001100261141261	09512 11 111 1 11
S Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

### Z 210 663 004 US Postal Service Receipt for Certified Mail 10 AIRS ID # 0950312001AG MASSARAT ASRAR ROSEMONT CLEANERS 5752 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Restricted Delivery Fee \$

m	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9943	Article Sent To:	63004	(OLD)		
<b>6526</b>	Postage Certified Fee	\$			
0021	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
0090	Total Postage & Fees	\$			
7000	Street, Apt. No.: or PO Bo City, State, ZiP+4	(type completed by grafil xxxx 12 001			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Received by (Please Print Clearly)  B. Date of Deliver  STEVEN R. (USSEC 6 - 11-0)  C. Signature  X Cell L. (Signature)  Divided by Address different from item 12 Yes
1. Article Addressed to:	Diside delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
	<b> </b>
0 AIRS ID # 0950312001AG	i ·
ASSARAT ASRAR	· ·
OSEMONT CLEANERS 752 N ORANGE BLOSSOM TRAIL	03 Certifica Time
RLANDO FL 32810	3. Service Type  ☐ Certified Mail ☐ Express Mail
REANDOTE 32010	Registered Return Receipt for Merchandis
2210 663 004	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	5261919143111 111
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789



n the reverse side?	SENDER:  © Complete Item  © Complete Item si, 4a; and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mallpiece, or on the back if space permit.  © Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Consult postmaster for fee.
RETURN ADDRESS completed on	AIRS ID#: 0950312  ZAMZAM-INC  MASSARAT ASRAR  5752	4b. Service	Type ad Certified Mail
Is your RETURN ADI	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	7. Date of D	e's Address (Only if requested
	US Postal Service Receipt for Certified Ma No Insurance Coverage Provided. Do not use for International Mail (See  AIRS ID#: 0950 ZAMZAM INC	reverse)	
: :	MASSARAT ASRAR 5752 G ORLANDO FL 32810		

Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees
Postmark or Date

2/14 \$