

Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

December 30, 1996

Mr. Dennis M. Donohue Orlando Service Center/Dry Cleaners 14748 West Colonial Drive Winter Garden, Florida 34787

Re: Facility I.D. No. 0950315

Dear Mr. Donohue:

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 January 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, Florida 32399-2400

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

Sincerely,

🕰 Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	W	COMPLAINT/DISC	OVERN
	RE-INSPECTION	4 🗆	& AL	Ma L
AIRS 10#: 0950315			<i>r</i>	7. уғаит. 3 50 €
FACILITY NAME: Mitch	ell's Forma	1 Wear	Orlando Seri	vice Center D.C.
FACILITY LOCATION: 1	1748 Wes	+ Coloni	al Drive	<i>6</i> 2
<u>u</u>	linter Gar	den FL	34787	
RESPONSIBLE OFFICIAL:	Dennis M.	Donohue	_PIIONE: 407-	656-7700
CONTACT NAME: Ros	n Phillips Diane Large	٥٢	_PHONE: 407-	656 - 8188
PART I: NOTIFICATION				
(check appropriate box)			-	
1. New facility notified DARM	30 days prior to start	tup	•	-
2. Facility failed to notify DARI	M to use general peri	mit		0
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	on form that it is:	•	☐ No notification fo☐ Drop store/out of	ı
1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, x both types, x <	, x < 140 gal/yr < 200 gal/yr	
3. Existing large area sour	ce Ø	4. New large	area source	a
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr 10 gal/yr gal/yr	dry-to-dry only transfer only, 2 both types, 140	$0.05 \le x \le 2,100 \text{ gal/y} \le x \le 1,800 \text{ gal/yr} \le x \le 1,800 g$	/ г
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	100 gal/yr 0 gal/yr gal/yr	dry-to-dry only transfer only, 2 both types, 140	, $140 \le x \le 2,100$ gal/y $00 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr	
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility	100 gal/yr 0 gal/yr gal/yr assification appropriate classification	dry-to-dry only transfer only, 2 both types, 140 (constructed or \bigsim \bigs	, $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $1 \le x \le 1,800 \text{ gal/yr}$ a or after 12/9/91) □Can not determin	c vc

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

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?	DZ Ý	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	DINIA
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	12N/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	ПN	⊠ N/∧
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	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?	ΟΥ	□и	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	⊠N/∧

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	,				
1. Maintained receipts for perc purchased?	MA ON				
2. Maintained rolling monthly total of perc consumption?	DY DN				
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? 	DAY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN EN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?					
8. Maintained compliance plan, if applicable?	OY ON BAN/A				

	·							
_	ART VI: LEAK DETECTION AND R							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				OZY □N			
2.	Has the facility maintained a leak log?				DRY ON			
3.	Does the responsible official check the f	ollowing a	reas for leaks?					
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	MY ON ON/A			
	Door gaskets and seating	אם עם	□N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	MA ON	□N/A	Exhaust dampers	MY ON ON/A			
	Pumps	GY ON	□N/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	MA ON	□N/A	Cartridge filter housings	MY ON ON/A			
	Water separators	Qγ ΩN	□N/A		·			
4.	Which method of detection is used by the	ne responsit	ole official?					
	Visual examination (condensed so							
	Physical detection (airflow felt thr							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)				
	Halogen leak detector				U			
	If using direct-reading instr	unientation	, is the equipm	ent:	OHN/A			
	a. Capable of detecting p	erc vapor o	concentrations in	n a range of 0-500 ppm?	□Y □N			
	b. Calibrated against a s (PID/FID only)?	tandard gas	s prior to and aft	er each use	□У □И			
	c. Inspected for leaks an	d obvious s	igns of wear on	a weekly basis?	□Y □N			
	d. Kept in a clean and so	ecure area v	vlien not in use?	•	OY ON			
	e. Verified for accuracy	by use of d	uplicate samples	s (calorimetric only)?	OY ON			
L								
	The Budd			(0-1-99	1			

Ilka Bundy	6-1-99
Inspector's Name (Please Print)	Date of Inspection
Alla Bunda	(0-1-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIO	NAL	SITE	INFOR	MATION:

Perc Purch	4525	Permac
195	5-17-99	Ren I
	5-4-99	Ren 2
	5-24-99	
'	1	12 mus
58.5	5-12-99	429 hunning total May off in calendar
54.5	L1-20-99	$\hat{\gamma}$
58,5 4	-14-99	total for year only
58.5	3-11-99	
58.5 34.3457	3-25-99.	
39.0	L-65-4-1	
59.5	2-22-99	
	- 1-27-99	1999 Total = 488
58.5	12-3-98	
	12-7-98	
. 58,5	11-23/98	,
58,5	11-3-98-	
58.5	11-3-98	Same invoice #
58.5	10-21-98	\$
39.0	10-7-95	
58.5	7-29-98	X .
	6-25-98	
78,0	6-6)-90	U
1053.5	Total (for 12 mos.

Orange County Environmental Protection Department

0950315

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mitchell'S	Formal Wear	DATE: 6-1-99
FACILITY LOCATION: 14748	West Colonial Dri	ve
FACILITY LOCATION: 14748 Winter	Garden, FL 3478	7
Annual Reporting Period:	<i>о</i> 19 <u><i>98</i></u> то	June 19 <u>99</u>
Based on each term or condition of the Title	V general air permit my facility has rema	ained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous complian	ce during the reporting period stated above:
•		
Exact period of non-compliance: from		lo
Action(s) taken to achieve compliance:		
No. 1. No. 2. Annual de la Company		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliand	ce during the reporting period stated above:
Exact period of non-compliance: from	tc	
Action(s) taken to achieve compliance:		
Mathada and to down and the compliance		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, b	pased on information and helief formed a	Ner reasonable inquiry, that the statements
made in this notification are true, accurate a	nd complete. Further, my annual consum	ption of perchloroethylene solvent, based
upon rolling averages of purchase receipts, a year for transfer or combination facilities.	does not exceed 2,100 gallons per year fo	r dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: Siane	Large Mun	e Lasse 10/1/99
Nan	ne (Please Print)	Signature / Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

The second secon

TYPE OF INSPECTION: ANNUAL \boxed{V}	COMPLAIN 1/DISCOVERY RE-INSPECTION
TIME IN: /420 TIME OUT: /	SOO AIRS ID#: 0950315
TYPE OF FACILITY: Dry Cleaner	
1 ~ .	Vear DATE: 6-1-99
FACILITY LOCATION: 14748 West Colon	ial Drive
	FL 34787
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 407-656-7700
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements ediscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	1 FOLLOW-UP ACTION REQUIRED
	·
· · · · · · · · · · · · · · · · · · ·	
	·
COMMENTS:	·
Facility in compliant	ce
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: IKA BI	indy
INSPECTOR'S SIGNATURE:	(Please Print) Number: 436-9524
Pa	ge $\int_{0}^{0} \int_{0}^{1} \int_{0}^{1} $ Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Facility Course (Common Name Olever of common tion of common individual course)						
	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Mitchell's Formal Wear Inc. Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
3.	Orlando Service Center/ Dry Cleaners Hazardous Waste Generator Identification Number:						
٦.	Hazardous waste deficiator identification Number.						
	FLD 982125809						
4.	Facility Location: 14748 W. Colonial Drive Street Address:						
	City: Winter Garden County: Orange Zip Code: 34-	787					
·5.	Facility Identification Number (DEP Use):	<u>-</u>					
	095031	5					
	Responsible Official						
	N						
6.	•						
	Dennis M. Donohue						
7.							
	Organization/Firm: 14748 W. Colonial Orive Street Address:						
		34787					
8.	Responsible Official Telephone Number:						
	Telephone: (407) 656 - 7700 Fax: (800) 477 - 9443						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	_						
- 10	SAME as above						
10.). Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
		CEIVE					

RECEIVED

AUG 30 1996

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

0950315

9-23
Spoke to Dennis Oonohue,
ne is the manager
and in Charge of all
Operation of facility
at all times.

P.13

6. add title

P.14
1. (a) add control device installed

1. (c) should not be marked

p15

4. Existing large r.c. or c.a. Snould be marked

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	_	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit									
(1) w/ ref. condenser	#	08-Dec-91		#2	08-08-91	1			
(2) w/ carbon adsorber					<u> </u>				
(3) w/ no controls									<u> </u>
Washer Unit	5 14 5 5 5 5					3	1.54		
(4) w/ ref. condenser			1	· · · ·	1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	"" ,	serve of energy pro-						st - julio di pin	
(7) w/ ref. condenser				T -	1		İ		
(8) w/ carbon adsorber				-					
(9) w/ no controls									
Reclaimer Unit					2 (1.45 Mills)				
(10) w/ ref. condenser		i i		i i	<u> </u>	1	Γ		
(11) w/carbon adsorber				 					-
(12) w/ no controls							ļ		
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Selec ea so	et one classifi	cation only.)) ew sm	nitions found nall area sour	ce [3) of]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (Indicate with an "X".) 	(5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated cond	denser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be el to Rule 62-213.300, F.A.C. Verify that all steam and hot water generate exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat in boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent	or periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeepin	g 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	Ľ
(b) Leak detection inspection and repair	ιX
(c) Refrigerated condenser temperature monitoring	<u>[X]</u>
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[X _]

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

Surrender of Existing Air Permit(s)

Please 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)
$\mathcal{L}_{\mathcal{I}}$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith 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.
<u>Jeny</u> Signature	nis M Dmot

DEP Form No. 62-213.900(2)

BEST AVAILABLE COPY

Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT:	AIRS IDII: 0950315
TYPE OF FACILITY: Dry Clean, in FACILITY NAME: MHChell's For FACILITY LOCATION: 14748 W. Commercial Commences Go	mal Wear Inc. DATE: 1/25/96 Johnal Dr. 34787 Leary MONENUMBER: 407 656 8188
Based on the results of the compliance requirement compliance with DEP Rule 62-213,300, Florida A Based on the results of the compliance requirement discrepancies were noted:	dis evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.). Its evaluated during this inspection, the following compliance
Recorded the temp of out exhaust stream of vef cond	
	,
•	
COMMENTS:	
The Annual Compliance Certification form has been property	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/a	5/97 (Approximate)
INSPECTION CONDUCTED BY:	Detcher Wint 407 836-7400
	Page 1 of 1 . Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 100	TIME OUT:	30 AIRS 10#: 09	56315
TYPE OF FACILITY:	vy Chaner		
FACILITY NAME:		mal Wear The	DATE: 6/16/98
	14748 West	Colonial Dr	.5/13
FACILITY LOCATION.		34787	
RESPONSIBLE OFFICIAL: R	Con Phillips	PHONE NUMBER:	407)656-7700
	e compliance requirements eva le 62-213.300, Florida Admini	luated during this inspection, the facilistrative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were noted		luated during this inspection, the follow	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
			P
		Burge & T	A CE
			N29 1948 Northorning
			doming the state of the state o
			0
			·
	,		
COMMENTS:			
Fac	ality in C	ompliance	
The Annual Compliance Certifica	tion form has been properly cer	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		6/16/99	
INSPECTION CONDUCTED I	BY: Janu	Approximate) Fletchel Please Print)	
INSPECTOR'S SIGNATURE:	told Tlet	PHONE NUMBER:	836-9524

Revisėd 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

न्द्रीयस्य १९६५म् । १८५५ वर्षा । १८५५ वर्षा । १८५८ वर्षा । १८५८ वर्षा वर्षा वर्षा वर्षा । १८५५ वर्षा वर्षा १८५

TYPE OF INSPECTION:	ANNUAL	COMPLA	AINT/DISCOVERY	RE-INSPE	CTION 🔲
TIME IN: 1000	TIME OUT:	1030	AIRS ID#:	0950315	
TYPE OF FACILITY:	Dry Clear	1.4			
FACILITY NAME: V	tchell's Form	161 6	Deal Inc	DATE: 6	3/97
FACILITY LOCATION:	4748 west	Colon	ial DV.		
Winter bardon-	FI FI	34	787		
RESPONSIBLE OFFICIAL:	Kathlein Cl.	eavy	PHONE NUMI	BER: (407) 656	-8188
	he compliance requirements aule 62-213.300, Florida Ad			e facility is found to b	e in
discrepancies were note					
COMPLIANCE REQU	JIREMENT/PROBLE	EM .	FOLLOW-UP A	CTION REQUIR	ED
No Condenser	Temp Log				
· .					
<u> </u>					
·					
COMMENTS:					
The Annual Compliance Certific	ention form has been proper	ly cortified	and submitted to the inco	ector. YES	NOTION
-		l 12 / C	and submitted to the hisp	lector. I L3	NOLL
DATE OF NEXT INSPECTIO	N:6_	(Appro	ximate)	-	
INSPECTION CONDUCTED	BY:	200	Fletcher		
INSDECTOD'S SIGNATUDE	All HI.	(Please	PHONE NUM	RER: Q26	3574

Page of .

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	☑ COMPLAINT/ DIS CO	OVERY	
FACILITY NAME: MITO	chell's f	J. Colonial Dr	~c 34787	7
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM	by 9/1/96			
2. New facility notified DARM 30 d	lays prior to start	up		
3. Facility failed to notify DARM to	use general peru	nit		
Topogramma and the state of the	CONTRACTOR LABORITY OF THE SPECIAL PROPERTY.			
PART II: CLASSIFICATION				
Facility indicated on notification f (check appropriate box)	orm that it is:			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	Ü	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)	Ü	
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" <="" g="" gal="" only,="" td="" transfer=""><td>•</td><td>4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td><td></td></x<2,></td></x<2,>	•	4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td><td></td></x<2,>		
both types, 140 <x<1,800 gal="" yr<br="">(constructed before 12/9/91)</x<1,800>		both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td>REC</td><td></td></x<1,800>	REC	
This is a correct facility classificat	ion	DAY CIN	•	C 9 1999
If no, please check the appropriate	classification:		Bureau & I	of Air Moritor Mobile Sources
口 facility qualified 口 facility exceeds a	for a general peri bove limits and l	nit as number above s not eligible for a general permit		
B. The total quantity of perchlorod facility was ~ 1400 gallons.	ethylene (perc) pu	archased within the preceding 12 mont	hs by th is 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? 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 ON 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 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 yent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 550 ordered gase installed by 12/14/96 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 DY DAY on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON NO YOU
ls the temperature differential equal to or greater than 20° 177	OY ON CON
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 GON/A
Is the pere concentration equal to or less than 100 ppm?	DY DAY
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?	CIY DAN
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON TON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON DANIA
Representation to the second of the second o	

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

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

If using direct-reading instrumen	ntation,	is the equipmen	t:		1	
a. Capable of detecting pe	erc vapo	or concentrations	in a range of 0-500 ppm?	ΠY	Ø N	
b. Calibrated against a sta (PID/FID only)?	*					
c. Inspected for leaks and	ΠY	DAN				
d. Kept in a clean and se	d. Kept in a clean and secure area when not in use?					
e. Verified for accuracy to	y use of	duplicate sampl	es (calorimetric only)?	DY	TIN.	
3. Has the facility maintained a leak log?			. •	MY	COO	
4. The following areas should be checked f	or leaks	by the inspector	: Responsible official			
		Detected?		Leak	Detected?	
Hose connections, fittings, couplings, and valves	ŪΥ	∞ Ν	Muck cookers	ΠY	IZIN	
Door gaskets and seating	SHY	ПИ	Stills	ΠY	₽Ń	
Filter gaskets and seating	ΠY	ďΝ	Exhaust dampers	ΠY	ZIN	
Pumps	ΠY	□N	Diverter valves	ПY	UN .	
Solvent tanks and containers	ΠY	ŒΝ.	Cartridge filter housings	UY	□ M	
Water separators	ΟY	UN				
A STATE OF THE STA					7.1	

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SI	E INFORMATION:				
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BEST AVAILABLE COPY



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TUTLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLEST

	ABHUAL RE-INSPECTION	ET COMPLAINTIVDISCO	MERY LI
	'	of TIME IN: 1000 TIMES Formal Levent I	• 1
FACILITY LOCATION:	4748	w. Colonial Di	,
	Winter	b-arden F1 3478	3'7
PARTI: NOTIFICATION		,,	
(check appropriate box)			
1. Existing facility notified DARM	by 9/1/96		Ca
2. New facility notified DARM 30	days prior to starte	rp	CI
3. Facility failed to notify DARM t	o use general pern	nit	Ü
Facility indicated on notification (check appropriate box)			
A. J. 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 toth types, x<140 gal/yr (constructed on or after 12/9/91)	U
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>כו</td></x<2,></td></x<2,>	gal/yr l/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>כו</td></x<2,>	כו
This is a correct facility classification	ntion	CHY LIN	
If no, please check the appropria	te classification;		
☐ facility qualific ☐ facility exceeds	d for a general pen- above limits and i	mit'as numberabove s not eligible for a general permit	
B. The total quantity of perchlor	oethylene (pere) pu	archased within the preceding 12 month	is by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

li.	Storing perchloroeth	viene in tightl	v scaled and im	pervious 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 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?

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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?
- 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 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?

MIT YKI

LY UN UNIA

UY UN UN/A

1			
13.	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?	US NE	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	UY UN	ν/ A .
	Is the temperature differential equal to or greater than 20" F7	UY UN	NA
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 environ. It is the machine is venting to the adsorber,		/
	if machines are equipped with a carbon adsorber?	UV UN	N/N L
	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 pere 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?	LIY UN	NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	шү шм	LHÝI/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אט אט	N/AÜ

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for pere purchased?	CYY UN				
2. Maintained rolling monthly averages of perc consumption?	FIX FIN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs7 or;	UV UN				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	UY UN				
4. Maintained calibration data? (for direct reading instruments only)	CH CH YNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	UY UN NIA				
6. Maintained startup/shutdown/malfunction plan?	LY UN				
7. Maintained deviation reports?	UN YE				
Problem corrected?	שט עש				
8. Maintained compliance plan, if applicable?	אוייאס אח אח				

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	

2.	Which method of detection is used by the	responsil	ole offic	in1?		
	Visual examination (condensed solvent on exterior surfaces)				ĽÍ,	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation	on (FII)/F	41D/calo	rimetric tubes)	CI	
	If using direct-reading instrumen	tation, is	the equ	ipment:		
	a. Capable of detecting pe	ac vapor o	concent	ations in a range of 0-500 ppm?	UY UM	1
	b. Calibrated against a sta (PID/FID only)?	ındard ga	s prior t		CIY LIN	1
	c. Inspected for leaks and	obvious s	signs of	wear on a weekly basis?	DY U	1
	d. Kept in a clean and see	ane area	when no	ot in use?	CIY CI	1
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? LIY LIM					1
3.	Has the facility maintained a leak log?				WY LII	ત
4.	4. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	GĄ	מנו	Muck cookers	CHY	ИCJ
	Door gaskets and scaling	ЦΥ	UN	Stills	CTY	ПИ
	Filter gaskets and scating	LIY'	UN	Exhaust dampers	હાર્જ	UIM
	Pumps	СУ	ПN	Diverter valves	ĽΥ	ÜМ
	Solvent tanks and containers	CIY	ПN	Cartridge filter housings	uly	UN
	Water separators	Ely	ИП		and the second second second second	

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

L[3] CT

Date of Inspection

1 1 . 3 GC

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	Pro			
TITLE V (YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST COMPLAINT/DISCOVERY OF THE PROPERTY			
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY OF COLLEGIA			
AIRS ID#: 09503 5 DATE: 6 16	98 TIME IN: 100 TIME OUT: 130			
FACILITY NAME: MItchell's	Formal Wear Inc			
FACILITY LOCATION: 14748	W. Colonial Dr.			
Winter	Garden Fl 34787			
RESPONSIBLE OFFICIAL: Rou PL	111/05 PHONE: 407 656 7700			
CONTACT NAME:	PIIONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to startup				
2. Facility failed to notify DARM to use general per	rmit O			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop storc/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			
If no, please check the appropriate classifi facility qualified for a ge facility exceeds above li	ication: eneral permit as number above mits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) particles facility was 600 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? DY ON ONA 2. Examining the containers for leakage? UN 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? CIY UN UN/A 5. Maintaining solvent-to-earbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? LIY LIN LIKI/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? מאום אם אם 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אנט אצט
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY CIN CINIA
	Is the temperature differential equal to or greater than 20° F?	איאם אם אם
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 ONIA
	Is the pere concentration equal to or less than 100 ppm?	CIY CIN QN/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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באואם אם אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	מא מא מאיע

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CLA CIN
2. Maintained rolling monthly total of perc consumption?	אם צם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	עא האם אם אין
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON DAYA
4. Maintained calibration data? (for applicable direct reading instruments)	מא מא מאיע
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם צם
6. Maintained startup/shutdown/malfunction plan?	EAA ON
7. Maintained deviation reports?	DY DN DXVA
Problem corrected?	איש אם אם
8. Maintained compliance plan, if applicable?	CIY ON MIN/A

P/	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			מט עט עט		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the	following areas for leaks	57			
	Hose connections, fittings, couplings, and valves	מא טא טאע	Muck cookers	DY ON ON/A		
	Door gaskets and scating	מא טא טאיע	Stills	NA CIN CINIV		
	Filter gaskets and scating	GA ON ON/Y	Exhaust dampers	מאם אם איא		
	Pumps	ELY ON ONIV	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY ON ON/A		
	Water separators	EAY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed s	olvent on exterior surfac	ces)	<u>6</u>		
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	Ü				
	Halogen leak detector		ן ם			
	If using direct-reading insti	EN/A				
	a. Capable of detecting	OY ON				
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	חט עם		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	CIY CIN		
	d. Kept in a clean and s	secure area when not in	use?	מט צט		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				CIY CIN		
	TODO Fletcher 10/11/98					
-	Inspector's Name (Please Print) Date of Inspection					
	2012 Telet 6/16/99					
_	Inspector's Signature	·	Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:			·
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TITLE V AIR QUALITY GENERAL PERMIT BEST AVAILABLE COPY INSPECTION SUMMARY REPORT 11/2/18, COMPLAINT/DISCOVERY TYPE OF INSPECTION: ______AIRS ID#: 09563 15 TIME OUT: 130 TIME IN: 100 TYPE OF FACILITY: FACILITY NAME:____ FACILITY LOCATION: PHONE NUMBER: 407 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Sured Sources Of State Of Stat

COMMENTS:

Facility 1 Compliance

The Annual Compliance Certification form has been proper	rly certified and submitted to the inspector.	YES	NO
DATE OF NEXT INSPECTION:	6/16/99		

(Approximate)

INSPECTION CONDUCTED BY:

____PHONE NUMBER: 836-952년 INSPECTOR'S SIGNATURE:

Revised 10/96

AIRS 10#: 0950315

Revised 01/18/00

ARMS 6-5-00 yr Thora 5 6-16-00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mitchell's Formal	Wear DATE 6/S/00
FACILITY LOCATION: 19/48 West Col	Ionial Vrive
FACILITY LOCATION: 14748 West Col Winter Garden	-, FL 34787
T 1 1960	
Annual Reporting Period: June 1, 1999	
Based on each term or condition of the Title V general air permi	nit my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the po	
If NO, complete the following:	
	n continuous compliance during the reporting period stated above:
#1. Term of condition of the general permit that has not been in	n continuous compitance during the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in	n continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information in this notification are true, accurate and complete. Further, my	on and belief formed after reasonable inquiry, that the statements mad ny annual consumption of perchloroethylene solvent, based upon
ourchase receipts, does not exceed 2,100 gallons per year for dr combination facilities.	ry-to dry facilities or 1,800 gallons per year for transfer or
VASKO School	to Jun a-Alan (/S/a)
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Date

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





Robert Schwartz Dry Cleaning Division Supervisor

Dry Cleaning Division 14748 W. Colonial Drive Winter Garden, FL 34787

telephone (407) 656-8188 -, facsimile (800) 477-9443 www.AfterHoursTux.com PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 6-5-00 ys
Thora 5 6-16-00 ys

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

<u> </u>				
AIRS ID#: 0950315 DATE: 6-5-00 TIME IN: 14:10 TIME OUT: 144	(5			
FACILITY NAME: Mitchell's Formal Wear				
FACILITY LOCATION: 14748 West Colonial Drive				
Winter Garden FL 34787				
RESPONSIBLE OFFICIAL: Dennis M. Donohue PHONE: 407-656-7700				
CONTACT NAME: Ron Phillips or PHONE: 407-3656-878	8			
Bobby Schwartz or Diane Large & 7				
	A			
PART I: NOTIFICATION 8 3 8				
(check appropriate box)	1			
1. New facility notified DARM 30 days prior to startup	D ,			
2. Facility failed to notify DARM to use general permit				

☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
2. New small area source dry-to-dry only, x < 140 gal/yr
dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140 \text{ gal/yr}$
(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, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr
(constructed on or after 12/9/91)
✓Y □N □Can not determine
fication:
general permit as number above
limits and is not eligible for a general permit

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

<u></u>		
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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	PY 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?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON DAN/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?	DY DN DN/A
	or or, and do man and out a second	,
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON EM/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ØN/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection ar	nd repair
inspection?		•	MY ON
2. Has the facility maintained a leak log	?		DY ON
3. Does the responsible official check th	e following areas for leaks	?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	DY ON ONA	Diverter valves	MY ON ON/A
Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?	•	
Visual examination (condensed	solvent on exterior surface	es)	
Physical detection (airflow felt	hrough gaskets)		
Odor (noticeable perc odor)			a
Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)	a /
Halogen leak detector		•	ø,
If using direct-reading inst	trumentation, is the equip	oment:	©K/A
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in us	e?	CIY CIN
e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	CIY ON

Ilka Bundy
Inspector's Name (Please Print)

Date of Inspection

(0-5-0)

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

L					
		Ju	ne 15,99 - Dec	1/27-99	2,827.5
01-12-60	39.0		JAN 99 -	June 2,99	-484.5
01-24-00	19.5				15430
02-16-00	39.0				
02-24-00	39,0				
03-08-00	39.0				
03-22-00	39.0				
04-18-00	58.5		ı		
	2730	+15	273 343		
_	1,48	18			

Currently using only one perc. machine (Bowe)
Getting rid of other 2 machines & eventually
last perc machine in future.
Has petroleum machines (2) w/ Exxon 2000.
200 pounders.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	AL V COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1410 TI	ме оит: <u>1445</u>	AIRS ID#:	0950315
TYPE OF FACILITY: Dry Clea	ner		
FACILITY NAME: M: tchell's	Formal We	ar	DATE: 6- 5.00
FACILITY LOCATION: 14748 W	lest Colonial	Drive	
Winter	Garden FL	34787	·
RESPONSIBLE OFFICIAL: Dennis	M. Donahue	PHONE NUMBER	2: 407-656-7700
Based on the results of the compliance with DEP Rule 62-213	,	,	cility is found to be in
Based on the results of the complia discrepancies were noted:	nce requirements evaluate	ed during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
			·
001111777			
COMMENTS:			
Facility in comp	liance.		
The Annual Compliance Certification form	has been properly certifie	ed and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION:	6-5-		
Want and a same a s	11	Bundu	
INSPECTION CONDUCTED BY:	(Ple	ase Print)	
INSPECTOR'S SIGNATURE:	Alka Bunch	PHONE NUMBE	R: 407-836-1400
	Page	of <u>/</u> .	Revised 10/96

MITCHELL'S MANAGEMENT CORP.

4030-C PLEASANTDALE RD. ATLANTA, GEORGIA 30340

1-135 Name Check No. DEPT OF ENVIRONMENTAL PROTECT

	INVOICE DATE	INVOICE/NUMBER	INVOICE AMOUNT	↑2/27/98 • DISCOUNT	AMOUNT PAID	COMMENTS
{	32/12/98		5° o C		5√∵	
-						
	à		,			
]. }	DETACH THIS STATEMEN BEFORE DEPOSITING CHE	TOTALS	5	9 3.5 3.5	50 · 3	74.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304766

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0950315 MITCHELL'S FORMAL WEAR INC DENNIS M DONOHUE 14748 W COLONIAL DRIVE WINTER GARDEN FL 34787

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

	กบ	CERTIFIED	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
į	572	076	ICIAL	JSE			
	7367	Postage Certified Fee	\$	Postmark			
	000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here			
	2000 1670	City, Si CLEANERS	SERVICE CENTER				

PLACE STICKEP AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Dalivery 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. 1. Article Addressed to: 10 AIRS ID # 0950315001AG DENNIS M DÖNOHUE ORLANDO SERVICE CENTER/DRY CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
14748 W COLONIAL DRIVE WINTER GARDEN FL 34787	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7 000 1670 000 73	61 5722
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

Mitchell's Formal Wear ® 4444 Shackleford Road, Norcross, GA 30096 TEL: (770) 448-8381 FAX: (770) 449-6707

Vendor# 011359

Vendor Name

DEPT OF ENVIRONMENTAL PROTECT

Check # 75382

Date 12/22/00

Invoice # '

Comments

<u>Date</u>

Gross Amount

Discount

Net Amount Paid

2000 FEE

12/12/2000

\$50.00

\$0.00

\$50.00

Grand Totals

\$50.00

\$0.00

\$50.00



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950315

ORLANDO SERVICE CENTER/DRY **CLEANERS**

DENNIS M DONOHUE 14748 W COLONIAL DRIVE **WINTER GARDEN FL 34787**

2 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 020-2-035001

Obj.: 002273

hell's Formal Wear ® 4030-C Pleasantdale Road, Atlanta, GA 30340-4209 TEL: (770) 448-8381 FAX: (770) 449-6707 تياما

Vendor #³ 011359

Vendor Name
DEPT OF ENVIRONMENTAL PROTECT

Check # 39036

12/17/99

Invoice # V AIR GEN **Comments** FLA PERMIT Date 11/30/1999 **Gross Amount**

Discount

Net Amount Paid

\$50.00

\$0.00

\$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389867

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950315

ORLANDO SERVICE CENTER/DRY

14748 W COLONIAL DRIVE WINTER GARDEN FL 34787 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Mitchell's Formal Wear ® 4030-C Pleasantdale Road, Atlanta, GA 30340-4209 TEL: (770) 448-8381 FAX: (770) 449-6707

Ver.dor# 011359

Vendor NameDEPT OF ENVIRONMENTAL PROTECT

Check # 11919

Date 01/08/99

Invoice # PERMIT

Comments 206 OP. FEE

Date 12/15/1998 **Gross Amount** \$50.00

Discount \$0.00

Net Amount Paid

\$50.00

Grand Totals

\$50.00

\$0.00



IIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356834

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

A1RS ID # 0950315

ORLANDO SERVICE CENTER/DRY **CLEANERS**

DENNIS M DONOHUE 14748 W COLONIAL DRIVE **WINTER GARDEN FL 34787**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

. Z 333 613 008

US Postal Service Receipt for Certified Mail

AIRS ID 0950315

MITCHELL'S FORMAL WEAR INC DENNIS M DONOHUE 14748 W COLONIAL DRIVE WINTER GARDEN FL 34787

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	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	

the reverse side?	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 card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write "Return Receipt Requested" on the mailpiece below the are The Return Receipt will show to whom the article was delivered	ace does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
on t	delivered.		Consult postmaster for fee.
URN ADDRESS completed	3. Article Addressed to: AIRS ID 0950315 MITCHELL'S FORMAL WEAR INC DENNIS'M DONOHUE 14748 W:COLONIAL DRIVE WINTER GARDEN FL 34787	4b. Service Registere Express Return Re 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresse — and fee is	e's Address (Only if requested paid)
<u></u>	PS Form 3811 , December 1994	102595-97-B-0179	Domestic Return Receipt

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERT	IFICATION FO	KM				big
MITCHELL'S FORMAL WEAR INC	PHILLIPS	1,3 /	ile	~ ~	WAR 0 1000	X T C T V T D
Annual Reporting Period:	o JYCLAY	HELL			_19_	7-1-
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous com	this statement.	YES eparting ∞ ∰	[□no		:
Exact period of non-compliance: from		au of Air Mobile	2 2 8	ш		
Action(s) taken to achieve compliance:		Monitor	199	<		
Method used to demonstrate compliance:		itoring	- ec	ED	-	
#2. Term or condition of the general permit that has not been in continuous com	upliance during the r	eporting	g period	stated a	above:	:
Exact period of non-compliance: from	to					
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
As the responsible official, I hereby certify, based on information and belief formed af notification are true, accurate and complete. Further, my annual consumption of perdoes not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year	chloroethylene solveni	t, based i	upon pui	rchase r		
RESPONSIBLE OFFICIAL: Kon Phillips	Fa The	7	2	1/18	<u> 198</u>	<u>'</u>

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