

Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 26, 2001

David B. Struhs Secretary

Mr. John G. Scholtens, II Spencer Cleaners 2607 South Delaney Avenue Orlando, Florida 32806

Dear Mr. Scholtens:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on June 25.

In reviewing your submittal, it was noted that Spencer Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0950331-002). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted. Your existing permit is valid through June 3, 2005.

Thank you for your attention to this matter. If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Marie Driscoll, Orange County



Department of Environmental Protection

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

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Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/ Enclosure

cc: Ms. Marie Driscoll, Orange County

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and leave a convent the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

1.								
	Facility Owner/Company Name (Name of corporation, agency, or individual	lual owner):						
	DOT ENTERPRISES							
2.	Site Name (For example, plant name or number):							
	SPENCER CLEANERS	•						
3.	Hazardous Waste Generator Identification Number:							
4.	Facility Location:							
	Street Address: 2607 So. DELANEY FIVE City: ORLANDO County: DEANGE	Zip Code: 32806						
		2.p cout.						
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	150331-002						
		2001000						
_								
Re	sponsible Official							
	Name and Title of Responsible Official:							
Naı	me: John G. SCHOLTENS, II Title: //c	E PRESIDENT						
7.	Responsible Official Mailing Address:							
	Organization/Firm: Street Address: 21 22 6 / 12 / 20 EV AVE							
	City: ORLANDO County: ORANGE	Zip Code: 32806						
	Street Address: 2607 So. DELANEY AVE City: OPLANDO County: OPANGE	Zip Code: 3250 6						
8.	Responsible Official Telephone Number:							
8.								
	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (418)							
Fac	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (415) cility Contact (If different from Responsible Official)							
Fac	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (418)							
Fa (9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (417) cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):							
Fa (9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (415) cility Contact (If different from Responsible Official)							
Fa (9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (417) Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:	-) -						
Fa (9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (407) Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:							
Fac 9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (417) Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:	-) -						
Fac 9.	Responsible Official Telephone Number: Telephone: (407) 843-0612 Fax: (467) Collity Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	Zip Code:						

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	re on-site?	
For each dry-to-dry mach	nine on-site, please	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
3/00	Existing	w RCCA/None required	SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	·	
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (n	ine was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>.</u>	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12 m	nonths?
[60] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many? [] months	
Check why it is les	ss than 12 months	New owner: Did not kee	p records: []
	•	New store: New machine	e []
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) New machines at small area source Refrigerated condenser [X]
Existing machines at large area source Carbon adsorber Refrigerated condenser [] 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 (see attached memo for the criteria).
All steam and hot water generating units exempt OR No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating:
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 2/24/99

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

	Facility Name and Location							
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	DOT ENTERPRISES							
2.	Site Name (For example, plant name or number):							
	SPENCER CLEANERS							
3.	Hazardous Waste Generator Identification Number:							
4.	Facility Location:							
	Street Address: 2607 So. DELANEY ANE City: (201 AND) County: NANGE Zip Code: 32806							
	City: ORLANDO County: DRANGE Zip Code: 32506							
5.	Facility Identification Number (DEP Use ONLY - do not fill in):							
Migda Sa	。 "我们是我们是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人, "							
	ponsible Official							
	Name and Title of Responsible Official: ne: Toke FRESIDENT Title: VICE TRESIDENT							
ivai	ne: John G. SCHOLTENS, IT Title: VICE TRESIDENT							
·7.	Responsible Official Mailing Address:							
	Organization/Firm:							
	Street Address: 2607 So. DELANEY ANE City: OPLANDO County: OPANGE Zip Code: 33506							
8.	Responsible Official Telephone Number:							
	Telephone: (407) 843-0612 Fax: (4/15) -							
	· · · · · · · · · · · · · · · · · · ·							
	cility 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:							
11.	Street Address: City: County: Zip Code: Facility Contact Telephone Number: Telephone: () - Fax: () -							

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information	10.7		
1.(a) DRY-TO-DRY M	ACHINES ONL	$\mathbf{Y} = \begin{pmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{pmatrix}$	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
3/00	Existing	ew RCCA/None required	SAME
 	Existing/No	ew RC/CA/None required	
e est sien verditände vija voor	Existing/Ne	ew RC/CA/None required:	<u>a come a companyone da compan</u>
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ers do you have o	on-site? []	
1993, it is a NEW unit (n	o units purchased		December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
· ·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	<u> </u>
	Existing/New	RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·			
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12 n	nonths?
[60] gallon	ns (You must fill	this in)	•
(b) If less than 12 mor	nths, how many?	months	
Check why it is les	ss than 12 months	: New owner: [] Did not kee	p records: []
•		New store: New machine	e []
		Unopened store [: 1 (date of	expected opening

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source cla Indicate with an "X". Select		the definitions found in section (3 nly.)) of Part II?
Small Area Source	نا	the state of the state of	need pagina min
Dry-to-dry mac Transfer only o Both machine t		(used less than 140 gallons of pero (used less than 200 gallons of pero (used less than 140 gallons of pero	per year)
Large Area Source		,	
Dry-to-dry mac Transfer only o Both machine t		(used 140 - 2,100 gallons of perc (used 200 - 1,800 gallons of perc (used 140 - 1,800 gallons of perc	per year)
4. What control technology is req (Indicate with an "X".)	uired on machines	oursuant to section (5) of Part II of	this notification form?
Existing machines at sm (NONE REQUIRED)	all area source	New machines at small a Refrigerated condenser	rea source
Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source	New machines at large at Refrigerated condenser	rea source
Rule 62-213.300, F.A.C. Verify	that all steam and h	nits shall not be eligible to use the ot water generating units on-site m (see attached memo for the criteria	eet the following
All steam and hot water generating No such units on-site	ng units exempt	OR	
How many boilers do you have or	n-site?		
For each boiler, indicate its horse	power (HP) rating:	لكال	
What type of fuel do you use?] propane [] No. 2 fuel [] No. 6 fuel		· · · · · · · · · · · · · · · · · · ·
6. Equipment Monitoring and Re	cordkeeping Inform	ation	
Check all logs which are required	to be kept on-site	n accordance with the requirement	s of this general permit:
(a) Purchase receipts and solvent	purchases/solvent a	ddition log	
(b) Leak detection inspection and	l repair		
(c) Refrigerated condenser tempe	rature monitoring	(大)	
(d) Carbon adsorber exhaust perc	concentration mon	itoring []	· · · · · · · · · · · · · · · · · · ·
(e) Startup, shutdown, malfuncti	on plan		

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: [I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are [No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification 1. the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

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#0950331

Spencer Custom Cleaners

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10.	Facility Contact Address:	Alla			
	Street Address: City:	County:		Zip Code:	
11.	Facility Contact Telephor Telephone: () \	ne Number:	Fax: ()	-	

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	SPENCER CUSTOM CLEANERS 2. Site Name (For example, plant name or number):								
2.	Site Name (For example, plant name or number):								
	SPENCER CUSTOM CLEANERS								
3.	Hazardous Waste Generator Identification Number:								
	FLD 081 366 123								
4.	Facility Location: Street Address: 2007 SOUTH DELANEY ANENUE. City: SLLANDO, County: ORANGE Zip Code: 32806.								
5 ;	Facility Identification Number (DEP Use):								
	Responsible Official								
6.	Name and Title of Responsible Official:								
[TACKE MCCIELLAN - OWNER - SM								
7.	Responsible Official Mailing Address: Organization/Firm: SPENCEP CUSTOM CLEANERS Street Address: 2607 30074 DELANEY AVE. City: Could County: County								
8.	Responsible Official Telephone Number: Telephone: (407) 243-6180 Fax: () -								
	Facility Contact (If different from Responsible Official)								
9.	Name and Title of Facility Contact (For example, plant manager): NA A								
10.	Facility Contact Address: NA								
	Street Address: City: County: Zip Code:								
11.	Facility Contact Telephone Number: Telephone: () M/A - Fax: () -								

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

Page 13 of 16

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	JYCKIE MCCLELLAN								
2.	2. Site Name (For example, plant name or number):								
	SPENCER CUSTOM CLEANERS.								
	-								
3.									
	FLD 081 356 123								
4.	Facility Location: 2607 SOUTH DELANEY ANENCE. Street Address: 2607 SOUTH DELANEY ANENCE. City: ORLANDO County: ORANGE Zip Code: 32806.								
	Street Address: 2001 TOUTH DELANEY AVENUE.								
	City: ORLANDO County: ORANGE Zip Code: 32806.								
5.	Facility Identification Number (DEP Use):								
	FLD 081 356 123 0950331								
25211									
	Responsible Official								
6.	Name and Title of Responsible Official:								
	DON W. FICHARDSON, MGR.								
7.	Responsible Official Mailing Address:								
	Organization/Firm: SPENCER CUSTOM CLEANERS Street Address: 2 607 South DELANGY AVENUE.								
	Street Address: 2 651 SOUTH DELANGY AVENUE,								
	City: ORLANDO County: ORANGE Zip Code: 32806								
8.	Responsible Official Telephone Number:								
	Telephone: (407) 643 - 6180 Fax: () -								
	Facility Contact (If different from Responsible Official)								
9.	Name and Title of Facility Contact (For example, plant manager):								
	$A \mathcal{L} \mathcal{U}$								
10	Facility Contact Address:								
10.									
	Street Address: MA.								
	City: Zip Code:								
11.	Facility Contact Telephone Number:								
	Telephone: () - W - Fax: () -								

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ΙD	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	_					<u>. </u>			
(1) w/ ref. condenser	T	DEC 86	Dea	26	ha				
(2) w/ carbon adsorber				1	27-1				
(3) w/ no controls									
Washer Unit					•		•		•
(4) w/ ref. condenser		1							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		٠.	-		٠.				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			٠						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	oroethylene (perc)					,
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	ication only.) Ne	ew sn	initions foun nall area sou	rce [3) of]]	Part II?	
5 5					_		_		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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(Indicate with an "X".)	non tomi:
Existing large area source Carbon adsorber [] Refrigerated condenser []	
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 pert to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the follower permits 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curduring 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 gen	eral permit:
(a) Purchase receipts and solvent purchases	
(a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
<u></u> }	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	amptly notify the Department of any changes to the information contained in this notification. 21 Quarter 16

	Surrender of Existing Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ĽX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Date Date
Jak.	chie III (leexan

Page 16 of 16

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
	SLEYCEK COSLOM CTEVYERS						
3.	Hazardous Waste Generator Identification Number:						
	FLD 081 366 123						
4.	Facility Location: Street Address: 21007 SOUTH DELANEY AVENUE.						
	City: SLLANDO: , County: ORANGE Zip Code: 32800						
5,	Facility Identification Number (DEP Use):						
	The first in 19950331-						
F 77578-							
	Responsible Official						
6)	Name and Title of Responsible Official:						
	TACKLE MC CLELLAN						
7.	Responsible Official Mailing Address:						
	City: CRILLIOO Responsible Official Mailing Address: Organization/Firm: SPENCEP CUSTOM CLEANERS Street Address: 2607 3007 HDELANEY ALE. County: CRILLIOO Zip Code 52.806						
	City: Zin Code TO County: Of the Zin Code To Cont						
8.	Responsible Official Telephone Number:						
	Telephone: (407) 843-6180 Fax: ()						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	$\mathcal{N} \setminus \mathcal{A}$						
10.	Facility Contact Address: NIA						
	VI (4)						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () N/\ Fax: () -						

DEP Form No. 62-213.900(2)

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#0950331 Spencer Custom Cleaners -spoke with Don Richardson-10/2/96 P.13 6 add title-Owner P.14 1.1a) add date control device 1.(c) mark out "X" and initial p.16 - certify and date - see fax-never sent original

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individue TACKIE INCCLELLAN	al owner):
2.	Site Name (For example, plant name or number): SPENCER CUSTON CLEANERS.	
3.	Hazardous Waste Generator Identification Number: FLD 081 356 123	,
4.	Street Address: 2607 SOUTH DELANEY AND City: ORLANDO County: ORANGE	ENUE. Zip Code: 3280 b.
5.	Facility Identification Number (DEP Use): FLD 081 356 123 095	033/
4	Responsible Official	
6	Name and Title of Responsible Official: DOWN W. RICHARDSON, WGR.	
7.	Responsible Official Mailing Address: Organization/Firm: GPENCER CUSTON CLEANE Street Address: 2 607 South DELANEY AVEN City: OPLANDO County: OPANGE	.R8 1VE , Zip Code: -32806
8.	Responsible Official Telephone Number: Telephone: (407) 843-6180 Fax: ()	-
	Facility Contact (If different from Responsible Of	ficial)
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: () - W. Fax: ()	-
		RECEIVED

SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259252

2 v

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

RECEIVED MAIL ROOM

JAN 29 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950331 SPENCER CUSTOM CLEANERS DON W RICHARDSON 2607 SOUTH DELANEY AVENUE ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Facility Information

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.

Example Dry-to-Dry Unit	#]			ID	Purchased	Installed	ID	Initially Purchased	Device Installe
Dry-to-Dry Unit		03-OCT-93	12-NOV-93	. #2	08-DEC-91		#3	02-MAR-92	02-MA
, 2., 5	1,74			. " #."	<u> </u>		··· .	in a second	1.1,231.2
(1) w/ ref. condenser	T	DEC 86	}		1			1	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					e jagan je		11	r i viljen i Militarija i distriktion i se samatan. Para ja samatan i s	7.5°
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.4			45 m. 1.97 m.	g jihyar daji.		<u> </u>		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls				<u> </u>					L
Reclaimer Unit		<u> </u>			The second of the second				
(10) w/ ref. condenser	1						<u> </u>		<u> </u>
(11) w/carbon adsorber	1								
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (c) (b) If less than 12 mon Check why it is less	are requanting a gallo	equired to be ity of perchlo ons ow many? [_	installed [_doroethylene (perc)				nths?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser X
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
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	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 proi	mptly notify the Department of any changes to the information contained in this notification.
	de formal EC admindred as and

Date

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

Signature

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

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

BEST AVAILABLE COPY

R E C E I V E DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 27 1998

Bureau of Air Monitoring & Mobile Sources

AIRS ID#0950331

JACKIE MCCLELLAN DON W RICHARDSON 2607 SOUTH DELANEY AVENUE ORLANDO FL 32806

Do NOT Remove Label

Annual Reporting Period:	_19 <u>18</u> _	TO	1AA	19 <u>99</u>
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period				ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not been in con	tinuous c	compliar	nce during the reporting	g 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 con	tinuous c	omplian	nce during the reporting	period stated above:
Exact period of non-compliance: from		t		
Action(s) taken to achieve compliance:				
As the responsible official, I hereby certify, based on information and bel notification are true, accurate and complete. Further, my annual consun does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 ga	nption of p	perchlore	oethylene solvent, based i	ipon purchase receipts,
RESPONSIBLE OFFICIAL: <u>Sackie Meclella</u> , Name (Please Print)	7	Joe	Rice Sm Ole	<u> 1/16/98</u> 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.

acc

R E C E I V ED CLEANER AIR QUALITY GENERAL PERMIT

JAN 2 7 1998 ANN	WUAL COMPLIANCE CERTIFICATION FORM	7
Bureau of Air Monitoring & Mobile Sources	AIRS ID#0950331 JACKIE MCCLELLAN DON W RICHARDSON 2607 SOUTH DELANEY AVENUE ORLANDO FL 32806	ECEIVEL NAY 6 1998 Bureau of Air Monitorin & Mobile Sources
Annual Reporting Period:	Do NOT Remove Label April 20 19770 2011 Cly	oring 28
	e V general air permit, my facility has remained in compliance w F.A.C.), during the period covered by this statement. YES	vith DEP Rule
If NO, complete the following:		
#1. Term or condition of the general permi	t that has not been in continuous compliance during the reporting	g 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 permi	t that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from	to	·
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	<u>· </u>	
notification are true, accurate and complete.	sed on information and belief formed after reasonable inquiry, that th Further, my annual consumption of perchloroethylene solvent, based to dry facilities or 1,800 gallons per year for transfer or combination	upon purchase receipes,
RESPONSIBLE OFFICIAL: Jack	ime (Please Print) Signature	.00au 1/16/98 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INS	SPECTION CI	HECKLIST	В
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	U	N: 830 TIME OUT:	MAY 6 Ireau of Air 1 Activities
airs id#: <u>695033 \</u>	DATE: 4/22/95	Z TIME II	N: <u>830</u> TIME OUT:	Monitori Ourgs
FACILITY NAME:	Spencer Cu	stam (l eaver	
FACILITY LOCATION:	2667 5	Del	aney Ave	
	Ovlando	FI	32806	
RESPONSIBLE OFFICIAL	: Jackie Mc	Clellan	PHONE: 407 843-6	5180
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION	<u>. </u>			
(check appropriate box)	A 20 days and an talent			
 New facility notified DARM Facility failed to notify DA 	, ,			
2. Therity lanea to notify DA	Total to use general perm			
PART II: CLASSIFICATIO)N			
Facility indicated on notifica			☐ No notification form	
(check appropriate box)			☐ Drop store/out of business/p	octroleum
1. Existing small area so		2. New small :		
dry-to-dry only, $x < 140$ ga transfer only, $x < 200$ gal/		dry-to-dry only transfer only, x	, x < 140 gal/yr - < 200 gal/yr	
both types, x < 140 gal/yr	1	both types, x <	140 gal/yr	
(constructed before 12/9/9	1)	(constructed on	or after 12/9/91)	
3. Existing large area so dry-to-dry only, $140 \le x \le$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$, 2,100 gal/yr ,800 gal/yr	transfer only, 2	area source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x \ge 0.00 \le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/9		(constructed or	i or after 12/9/91)	
5. This is a correct facility	y classification	ON ON	☐Can not determine	
fac	he appropriate classifica cility qualified for a gene cility execeds above limi	eral permit as i	number above igible for a general permit	
B. The total quantity of perc				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ÜN ÜN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? UN UN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at אואם אם צם least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber UY UN UNIA 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? EY UN UN/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 DN DNA 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 DN DN/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?	ΟY	ЦN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜY	אט	ωK/Λ
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ÚИ	JN/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?	UY	UN	CINIA
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	CINIV
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?	ÜΥ	ÜN	NIND
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			UN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ОΥ	ПN	

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)	,				
1. Maintained receipts for perc purchased?	שט אַצ				
2. Maintained rolling monthly total of perc consumption?	פא טא				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	אומם אם אם				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	פאר מא מאיצ				
4. Maintained calibration data? for applicable direct reading instruments)	מא מא מאין				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA				
6. Maintained startup/shutdown/malfunction plan?	DAY CIN				
7. Maintained deviation reports?	DY DN DAVA				
Problem corrected?	איאים אם אם				
8. Maintained compliance plan, if applicable?					

PAR	PART VI: LEAK DETECTION AND REPAIRS							
1. D	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
in	spection?						esty,	ÜN
2. H	as the facility maintained a leak log?						ŒΥ	ПN
3. D	oes the responsible official check the	follow	ing ar	cas for leaf	cs?			
	Hose connections, fittings, couplings, and valves		מם	□N/A	Muck o	cookers	ĽΊΥ	מ/אם אם
	Door gaskets and seating	ÇΊΥ	ПN		Stills		ΔY	באמם מם
	Filter gaskets and seating	ďΥ	ŪN	□N/A	Exhaus	st dampers	ĽΥ	UN UN/A
	Pumps	_Q\Y	ПИ	□N/A	Diverte	er valves	ďΥ	עאם אם
	Solvent tanks and containers	qx	ΠИ	□N/V	Cartrid	ge filter housings	ĽΖY	עיאם אם
	Water separators	ďY	ПN	UN/A				
4. W	thich method of detection is used by t	he resp	onsit	de official?				
	Visual examination (condensed s	olvent	on ex	terior surfa	ces)		d	
Physical detection (airflow felt through gaskets)								
Odor (noticeable perc odor)								
Use of direct-reading instrumentation (F1D/P1D/calorimetric tubes)						ü		
Halogen leak detector						υ,	,	
If using direct-reading instrumentation, is the equipment:					C3N	//		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠY	ÜN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΟY	ŪΝ		
	e. Inspected for leaks a	ıd obv	ious s	igns of wea	ir on a weekl	y basis?	ÜΥ	, □N
1	d. Kept in a clean and s	ecure	arca v	when not in	usc?		ÜΥ	' ÜN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ÜҮ	' UN			
<u>.</u>					·			
- Beg-collection					· · · · · · · · · · · · · · · · · · ·			
							100	C)
	Inspector's Name (Please Pr) int)			••	Date of Insp	ection	<u>x</u>
	and Telet	>				4/22	19	9
	Inspector's Signature				Aţ	oproximate Date of	Next	inspection

ADDITION	NAL SITE INFORMATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPLAIN	T/DISCOVERY	RE-INSPE	ECTION
TIME IN: 830	TIME OUT:	900.	AIRS ID#:	095033	
TYPE OF FACILITY:	y Cleanty				
FACILITY NAME:	bencer C	stom	Cleaner	DATE:4	122 198
FACILITY LOCATION:	607 5.7	Delana	y Ave		
	Ovlando F	3	2806		
RESPONSIBLE OFFICIAL: Ja	CKIE McChel	lan	PHONE NUMBE	CR: 407 - 8	43-6180
Based on the results of the compliance with DEP Rule	· · · · · · · · · · · · · · · · · · ·		•	facility is found to	be in
Based on the results of the discrepancies were noted:	compliance requirements	evaluated duri	ng this inspection, the f	following complian	ice
COMPLIANCE REQUIR	REMENT/PROBLE	M	FOLLOW-UP AC	TION REQUI	RED
•					
*					
**					
					J
				<u>в</u> п	7
				Bureau & N)
·				हू द	11
			·	MAY 6 1998 Beau of Air Monitoring Nobile Sources	2
				1998 Monii:	m-
				torir	D
	4.			б а	
,					
COMMENTS:			_		
F	acility in	Con	npliance		
The Annual Compliance Certification	1		submitted to the inspec	tor. YES	NO
DATE OF NEXT INSPECTION:	4/22/6	Approxim	atel		
INSPECTION CONDUCTED BY	· TODD	Fletch	Lev		
INSPECTOR'S SIGNATURE:(ENTHE	(Please Pr	int)PHONE NUMBE	er: <u>836-</u>	9524

Page_

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROFTHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	APPROAL RE-INSPECTION	' (.v ' (1	COMPLAINTIDISCO	VERY	L1
AIRS 10#: <u>OG.5 0 38 [</u> FACILITY NAME: FACILITY LOCATION: _	Spencer Ci	oston Delaure	Cleaners of Ave		- 11
PART I: NOTIFICATION (check appropriate box)					
1. Existing facility notified I	DARM by 9/1/96				Ū∕ lū
2. New facility notified DAI	RM 30 days prior to startup	p			
3. Facility failed to notify D	ARM to use general permi	it			u
FART II: CLASSIFICAT: Facility indicated on notifi (check appropriate box) A. 1. Existing small area and dry-to-dry only, x<140 galyr (constructed before 12/9)	cation form that it is: source	transfer only, both types, x< (constructed o	/, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)	U :	
3. Existing large area dry-to-dry only, 140 <x< (constructed="" 12="" 140<x<1,80="" 200<x<1,="" 5<="" before="" both="" only,="" td="" transfer="" types,=""><td>2, 100 gal/yr 800 gal/yr 0 gâl/yr 9/91)</td><td>transfer only, both types, 14 (constructed o</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, 100 gal/yr 800 gal/yr 0 gâl/yr 9/91)	transfer only, both types, 14 (constructed o	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 cl		ØÝ □N			
If no, please check the app	propriate classification:				
	ualified for a general pern xcceds above limits and is				
B. The total quantity of p	erchloroethylene (perc) pu	rchased withi	the preceding 12 mont	hs by this de	y cleaning

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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?	UY UN			
2. Examining the containers for leakage?	UY LIN			
3. Closing and securing machine doors except during loading/unloading?	CHY CIN			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ØY UN			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	רוא מוח אוי			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:	23 C C C C C C C C C C C C C C C C C C C			
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 Λ 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 $\hat{\mathbf{A}}$ and $\hat{\mathbf{B}}$ 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?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אַפּ			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מארם אם אם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	EX ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מט אנט			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

7)	The Alexander of the Control of the	
լ	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?	טי פאל
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מע מט אוא אוט עם אוא אוט אוט או
	Is the temperature differential equal to or greater than 20° F7	א/א אט צט
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 MINIA
	Is the pere concentration equal to or less than 100 ppm?	מט צט
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	א או או או
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מואם אם גם
6.	Routed airflow to the carbon adsorber (if used) at all times?	עוֹאט אם אם
		and the state of t

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	אט אט אט אט			
2. Maintained rolling monthly averages of perc consumption?	ON NO			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	CHY LIN			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	. GYY CON			
4. Maintained calibration data? (for direct reading instruments only)	OY ON MINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	Alm NO AD			
6. Maintained startup/shutdown/malfunction plan?	MA UN			
7. Maintained deviation reports?	אט אא			
Problem corrected?	MY UN			
8. Maintained compliance plan, if applicable?	טא מט אט טעוא			

PART VI: LEAK DETECTION AND REPAIRS		
Control of the contro	THE PROPERTY OF THE PARTY OF TH	لعود كها محمد معطاء عاصا كعد الكالماء عادا
THE PROPERTY OF A STATE OF A STAT	12/1/	CAST
1. Does the responsible official conduct a weekly leak detection and repair inspection?	(2) Y	UN

	`				
Which method of detection is used by th	e responsi	ible official	7	/	
Visual examination (condensed so	lvent on e	xterior surf	faces)	G/	
Physical detection (airflow felt thre	ough gask	.cts)	•	প্র	
Odor (noticeable pere odor)				প্রে	
Use of direct-reading instrumentat	ion (FID)	PID/calorii	netric tubes)		
If using direct-reading instrume	ntation, is	s the equip	ment:		
a. Capable of detecting p	ere vapor	concentrat	ions in a range of 0-500 ppm?	CIY UN	
b. Calibrated against a st (PID/FID only)?	andard ga	s prior to a	and after each use	מט אם	
c. Inspected for leaks an	d obvious	signs of wo	ear on a weekly basis?	UY UN	
d. Kept in a clean and so	ecure area	when not i	in use?	UY UN	
e. Verified for accuracy	by use of	duplicate sa	amples (calorimetric only)?	CIATON	
3. Has the facility maintained a leak log?					
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	ZY	ПN	Muck cookers	OY ON	
Door gaskets and seating	UY	ПИ	Stills	DA DH	
Filter gaskets and scating	CNA	ПN	Exhaust dampers	DY DN	
Pumps	Ω¥,	ИD	Diverter valves	DY CON	
Solvent tanks and containers	ŊΥ	ΠИ	Cartridge filter housin	gs OY ON	
Water separators	UZIΥ	אט			
	Visual examination (condensed so Physical detection (airflow felt three Odor (noticeable pere odor) Use of direct-reading instrumental If using the Capable of detecting processing the Inspected for leaks and detection in a clean and so the responsible official check the Inspected for accuracy Itas the facility maintained a leak log? Does the responsible official check the Inspected for gaskets and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers	Visual examination (condensed solvent on e Physical detection (airflow felt through gask Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/ If using direct-reading instrumentation, is a. Capable of detecting pere vapor b. Calibrated against a standard ga (PID/FID only)? c. Inspected for leaks and obvious d. Kept in a clean and secure area e. Verified for accuracy by use of Has the facility maintained a leak log? Does the responsible official check the following Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers	Visual examination (condensed solvent on exterior sure Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorin If using direct-reading instrumentation, is the equip a. Capable of detecting pere vapor concentrate b. Calibrated against a standard gas prior to a (PID/FID only)? c. Inspected for leaks and obvious signs of we d. Kept in a clean and secure area when not is e. Verified for accuracy by use of duplicate so that the facility maintained a leak log? Does the responsible official check the following areas for leaks complings, and valves Door gaskets and seating Pumps Solvent tanks and containers DY IN Solvent tanks and containers	Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating TY IN Stills Filter gaskets and seating Pumps Diverter valves Solvent tanks and containers TY IN Cartridge filter housing	

Dan Richard Sell
Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Data of Inspection

Date of Inspection

4/21/98

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10	0.45 AIRS ID#: 09.50 331
TYPE OF FACILITY: DVI) Cleaner	
FACILITY NAME: 3 Pencer Custon	n Cleaners DATE: 1/21/97
71-7 (1)	neil Ave
Ovlando Fl	37806
RESPONSIBLE OFFICIAL: Jackie McC9311a	phone number: 843 6180
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
and the second s	
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector.
DATE OF NEXT INSPECTION: $4/21$	198
INSPECTION CONDUCTED BY: (A	ipproximate) FletcheV
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 8.36-7400

Page of.

Revised 10/96

	✓ u					
PERCHLOROETH	IYLENE DRY CLEANERS R					
PERCHLOROETHYLENE DRY CLEANERS FCF FCF FCF FCF FCF FCF FCF FCF FCF FC						
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 2 1 1999					
RE-INSPECTION	Bureau of					
	ON COMPLAINT/DISCOVERY 2 1 1999 Bureau of Air Monitoring GO TIME IN: 1/30 TIME OUT: 1200					
AIRS 10#: 0950331 DATE: 4/12/	99 TIME IN: 1130 TIME OUT: 1200es					
FACILITY NAME: Spencer Co	istom Cleaner					
FACILITY LOCATION: 2607 S.	Delaney Ave.					
Orlando	FL 32806					
	1cClellan PHONE: 407-843-6180					
	ort in pensacol- PHONE: 407-843-6180					
CONTACT NAME: Don Richard SC Vernon Berry	10 mus					
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 days prior to sta	rtup					
2. Facility failed to notify DARM to use general pe	rmit					
DADEN GY ASSERTED MICH.						
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	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr					
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr					
both types, x < 140 gal/yr	both types, x < 140 gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
3. Existing large area source	4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr					
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gallyr					
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
5. This is a correct facility classification	☐Y ☐N ☐Can not determine					
If no, please check the appropriate classific	cation:					
☐ facility qualified for a ge	☐ facility qualified for a general permit as number above					
facility exceeds above lin						
	nits and is not eligible for a general permit					

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY 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 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 □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 □N □N/A 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?	фý	_ □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□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	ΠN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	D Y	□n [°]	□n/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)	/ '				
1. Maintained receipts for perc purchased?	,ŒY □N				
2. Maintained rolling monthly total of perc consumption?	NO YED				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OHÝ □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAD NO YO				
6. Maintained startup/shutdown/malfunction plan?	ON YED				
7. Maintained deviation reports?	אואשם אם צם				
Problem corrected?	OY ON BANA				
8. Maintained compliance plan, if applicable?	אואפט עם עם אוא				

P	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?					OTY □N	
2.	Has the facility maintained a leak log?	•				OXY ON	
3.	Does the responsible official check the f	following	g areas for	leaks?			
	Hose connections, fittings,	_/_			,		
	couplings, and valves		IN □N/A		Muck cookers	®Ý □N □N/A	
	Door gaskets and seating	CY C	IN ON/A		Stills	OY ON ON/A	
	Filter gaskets and seating	ďY □	IN □N/A		Exhaust dampers	OY ON ON/A	
	Pumps	ØY C	N □N/A		Diverter valves	OÝ ON ON/A	
	Solvent tanks and containers	DY C	IN □N/A		Cartridge filter housings	OX ON ON/A	
	Water separators	QX C	IN □N/A				
4.	Which method of detection is used by the	ne respon	isible offic	ial?			
	Visual examination (condensed so	olvent on	exterior s	urfaces)		12	
	Physical detection (airflow felt thr	ough gas	skets)				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumental	tion (FIE	D/PID/calo	rimetric	tubes)		
	Halogen leak detector						
If using direct-reading instrumentation, is the equipment:						□N/A	
	a. Capable of detecting p	erc vapo	or concent	rations in	n a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	tandard į	gas prior t	and aft	ter each use	□Y □N	
	c. Inspected for leaks an	d ohviou	s signs of	wear on	a weekly hasis?	OY ON	
	d. Kept in a clean and se		•		•	OY ON	
	e. Verified for accuracy	•				□Y □N	
	o. Volimou los addatady	,	dupnouto	Jazupio	(00001111101210 012)),		
_							
	Ilka Bundy	۰۰۰			4/12/99		
_	Inspector's Name (Please Print) Date of Inspection						
		,			•		
	Illea Bunch				4/12/2	DW	
_	Inspector's Signature		Ar .		Approximate Date of	Next Inspection	

Don Richardson no longer works for
Jackie McClellan. Mr. Richardson moved
to Pensacola, FL.

Vernon Berry has been with Spencer
Custom Cleaner for 10 months how
and is currently performing all the
record keeping requirements for this
facility.

Hea Bundy
4/12/99

TITLE V AIR QUALITY GENERAL PERMIT . INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹	COMPL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1130 TIME OUT:	1200	AIRS ID#:	0950331
TYPE OF FACILITY: Dry Cleaners		Ulika kakulika dibugi fililikili suskepteri sa di dikilili su lika danina mina papula ta iliki kanna sa	1
FACILITY NAME: Spencer Custom	1 Clear	iers	DATE: 4/12/99
FACILITY LOCATION: 2607 S. Dela		ic.	
Orlando FL	<u> 13280</u>	0 '	1/07 0117 / 100
RESPONSIBLE OFFICIAL: Jackie McCI	lellan	PHONE NUMB	er: 407-843-6180
Based on the results of the compliance requires compliance with DEP Rule 62-213.300, Florid			facility is found to be in
Based on the results of the compliance required discrepancies were noted:			
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP AC	CTION REQUIRED
* .			
•			•
		-	
COMMENTS:			
Facility in Complian	nce,		
The Annual Compliance Certification form has been produced to the DATE OF NEXT INSPECTION:	operly certified	d and submitted to the inspe 2000	ector. YES NOU
INSPECTION CONDUCTED BY:	Ilka Bu	roximate)	
INSPECTOR'S SIGNATURE:	a Buro	se Print) PHONE NUME	BER: 836-9524
	Page 1	of	Revised 10/96

Orange County Environmental Protection Department

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			•
FACILITY NAME: Spencer FACILITY LOCATION: 2607	Custom South Del	Cleaner aney A	DATE: 8/22/99
Orlan	do FL	32806	
Annual Reporting Period:	4/22	19_98 то	4/12 19 99
Based on each term or condition of the Title 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 o	continuous compli	ance during the reporting period stated above:
			ID B B B N B E
Exact period of non-compliance: from			10 3 1999
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		· .	ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
#2. Term or condition of the general permit	that has not been in o	continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from			toSEP 2 8 1999
Action(s) taken to achieve compliance:			Bureau of Air Monitoring
Method used to demonstrate compliance:			& Mobile Sources
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Furthe	r, my annual cons	
RESPONSIBLE OFFICIAL: Jackie Nam	m CSellar ne (Please Print)	Jack	Signature Spr. 199 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.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS 4-12-00 JB

TWDE		INCOMPORTANT.
1116	vr	INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

RE-INSPECTIO	N 🚨
AIRS ID#: 0950331 DATE: 4-12-0	O TIME IN: 0849 TIME OUT: 0915
FACILITY NAME: Spencer Cu	stom Cleaner
FACILITY LOCATION: 2607 S.	Delaney Ave.
	FL 32806
RESPONSIBLE OFFICIAL: John Scho (New R.O.)	
CONTACT NAME: (New R.O.)	PHONE:
PART I: NOTIFICATION	TIC S.S. THE
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup _. Ca
2. Facility failed to notify DARM to use general per	mit C)
THE CLASSICATION	
PART II: CLASSIFICATION	DNs wed Seeding Seed
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ 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
B. The total quantity of perchloroethylene (perc) pu	ation: leral permit as number above lits and is not eligible for a general permit rchased within the preceding 12 months by this dry cleaning
facility was <u>230</u> gallons.	

last mon in new AeroTech Dry Cleaning Machine

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? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/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 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? 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 / Y 🗆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?

PART III: GENERAL CONTROL REQUIREMENTS

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?	Y ON ON/A
	Is the temperature differential equal to or greater than 20° F?	MY 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?	DY DN GN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON EN/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?	DY ON ON/A

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

PART VI: LEAK D	ETECTION AND RI	EPAIRS				
Does the responsit	ole official conduct a w	vcekly (for	small sources, t	oi-weekly) leak detection a	nd repair	r
inspection?					ØY∕	ПN
2. Has the facility ma	2. Has the facility maintained a leak log?					ПN
3. Does the responsib	ole official check the fo	ollowing ar	eas for leaks?			
	tions, fittings,	du 500	CD244			
couplings,	and valves	ØY ON	UN/A	Muck cookers	EIV L	IN □N/A
Door gaskets	s and seating	DY ON	□N/A	Stills	Øy □	IN □N/A
Filter gasket	s and seating	ZY ON	□N/A	Exhaust dampers	MY C	IN □N/A
Pumps		DY ON	□N/A	Diverter valves	AN C	IN □N/A
Solvent tank	s and containers	ØY ON	□N/A	Cartridge filter housings	DY C	DN □N/A
Water separa	itors	DAY DIN	□N/A			
4. Which method of	detection is used by the	e responsib	le official?		/	
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector			u /			
If using direct-reading instrumentation, is the equipment:			ØN/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				JN		
l	b. Calibrated against a standard gas prior to and after each use					
(PID/FID only)?				JN		
	nspected for leaks and			a weekly basis?		
d. Kept in a clean and secure area when not in use?				N		
e. \	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			JN		
_						
TI	ka Bundy			4-12-00)	
Inspector's Name (Please Print) Date of Inspection						
M.	2			(1-17-11)	(
Inspe	ctor's Signature			4-12-01 Approximate Date of		pection
- 1	~ <i>,</i> ,	Inspector's Signature Approximate Date of				

4-12-00 New owners - has no current receipts - Last owner took all receipts.

A March 8, 2000 as New Owners Jon Scholtens

> Left Perc Dry Cleaner Air General Permit Notification Form

AIRS ID#:	095	0331	

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Revised 01/18

FACILITY NAME: Spencer	Custom	Cleane	ers	. I	DATE: 4-12-00
FACILITY LOCATION: 2607					
	FL 3				/
Annual Reporting Period: April	12,1999	20 AV	то	April	12 20 <u>00</u>
Based on each term or condition of the Title	V general air peri	nit, my facility l	has remained in	compliance wi	th DEP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during the	period covered	by this stateme	nt. YES	□NO
If NO, complete the following:	·		•		
#1. Term or condition of the general permit	that has not been	in continuous co	onipliance duri	ng 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			ompliance duri	ng 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, I in this notification are true, accurate and co purchase receipts, does not exceed 2,100 gas combination facilities. RESPONSIBLE OFFICIAL:	mplete. Further,	my annual consi	umption of perd ties or 1,800 gd	hloroethylene s	olvent, based upon

(·

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🚺	COMPLAINT/E	DISCOVERY [RE-INSPECTION
TIME IN: 0849	TIME OUT:	0915	AIRS ID#:	0950331
TYPE OF FACILITY: Dry	Cleaner		- <u>-</u>	
FACILITY NAME: Spen	cer Custom C	leaner		DATE: 4-12-00
FACILITY LOCATION: 260		Aue.		
<u>Or</u>	lando FL 328	106		•
RESPONSIBLE OFFICIAL:	·		PHONE NUMBER	R: 407-843-6180
L	the compliance requirements e Rule 62-213.300, Florida Adm	_	•	acility is found to be in
Based on the results of discrepancies were note	the compliance requirements e ed:	evaluated during	this inspection, the fo	ollowing compliance
COMPLIANCE REQU	UIREMENT/PROBLEN	A FO	OLLOW-UP ACT	TION REQUIRED
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COMMENTS:	,	. /		la abai
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,		new P	ermit.	
The Annual Compliance Certific	cation form has been properly	certified and sub	omitted to the inspect	or. YES NO
DATE OF NEXT INSPECTIO	DN:	12-01		
,	BY: Ilka I	(Approximate	·)	
INSPECTION CONDUCTED	_	(Please Print)	•	
INSPECTOR'S SIGNATURE	:Uka B	und	PHONE NUMBE	_{R:} 407- <i>836-1400</i>
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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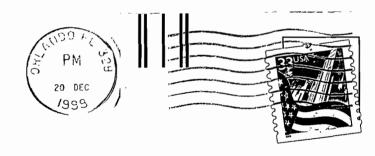
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Fund: 20-2-035001 Obj.: 002273

SPENCER CUSTOM CLEANERS 2607 S. DELANDIANE ORLANDO, FL 32806



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



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SPENCER CLEANERS JOHN G SCHOLTENS 2607 S DELANEY AVENUE ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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	Restricted Delivery Fee (Endorsement Required)			
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	Recipient': SPENCER JOHN G	R CLEANERS SCHOLTENS		
	Street, Apt. 2607 S DI	ELANEY AVENUE		
7000	City, State,	O FL 32806		
	PS Form 3800, February 2	000	See Reverse for Ins	tructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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2. Article Number (Copy from service label)	VIION 3015
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

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<u></u>	SPENCER CLEANERS		
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ACE STICKER AT TOP OF ENVELOPE THE RIGHT OF RETURN ADDRESS.	71d COMPLETE THIS SECTION ON DELIVERY			
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SPENCER CLEANERS 2607 SOUTH DELANEY AVENUE ORLANDO FL\32806	3. Service Type Certified Mail			
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