

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

December 2, 1996

Mr. Mac Lashley President Mac's Dry Cleaners, Inc. 4415 Hoffner Avenue Orlando, Florida 32812

Re: Facility I.D. No. 0950333

Dear Mr. Lashley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | |
|-----|--|--|--|--|--|--|
| | MAC'S DRYCLEAWERS INC. | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | |
| | MAC'S DREXCLEANERS INC. | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | |
| | | | | | | |
| 4. | Facility Location: Street Address: 4415 HOFFNER AVE. | | | | | |
| | City: ORLANDO County: GRANGE Zip Code: 32817 | | | | | |
| 5 | Facility Identification Number (DEP Use): | | | | | |
| ٥. | 0950333 | | | | | |
| | | | | | | |
| | Responsible Official | | | | | |
| 6. | Name and Title of Responsible Official: | | | | | |
| 0. | MAC LASTILEY - PRESIDENT | | | | | |
| | | | | | | |
| 7. | Responsible Official Mailing Address: Organization/Firm: | | | | | |
| | Street Address: 4415 HOLF NEIL HOL | | | | | |
| | City: ORLANDO County: ORLANDC Zip Code: \$2812 | | | | | |
| 8. | Responsible Official Telephone Number: | | | | | |
| | Telephone: (407) 740 -4861 Fax: (467) 277 - 6145 | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | |
| | racinty contact (if different from Responsible Official) | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | |
| | | | | | | |
| 10. | Facility Contact Address: | | | | | |
| | Street Address: | | | | | |
| | City: County: Zip Code: | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | |
| | Telephone: () - Fax: () - | | | | | |
| | | | | | | |
| | | | | | | |

RECEIVED

SEP 3 1996

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

Bureau of Air Monitoring & Mobile Sources

0950333

1.(a) add dates in blocks

1.(a) add dates in blocks

2.(a) 9-26 Spoke to

Mac Lashley, he has

purchased 70 gal to

fill up new machine,

he predicts not using

more than 100 gal

in a 12 month period

3. new small area source

Should 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 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | На | FFMAN | 2010 | * | 3/8/96 | . Agita it | | The second second | garangan pagalan Parangan |
| (1) w/ ref. condenser | L V. | | 20.0 | 1 | | | | T . | |
| (2) w/ carbon adsorber | ļ | | - | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | . ". | The Visite | | | e de la companya de l | 11. | - : | | San |
| (4) w/ ref. condenser | | 1 | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | 7 a 7 5 5 a 7 5 | | | h. s. j. j. | | brain a | 1 15 6 | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| (7) w/ ref. condenser | | 1 | | | 1 | | | 1 | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | '5' | r svita Nijas | | | | | | | |
| (10) w/ ref. condenser | _ | I | I | | | | | 1 | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less | are ro quanti gallo | equired to be ity of perchlons ow many? [_ | installed [| perc) | _] purchased in | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small are Existing large are | Selec ea so | t one classifi | cation only.) Ne | ew sm | nitions found nall area sour rge area sour | rce [| 3) of | Part II? | |
| Existing targe are | -u 501 | | 110 | , iai | 50 ai ca 30ai | | ı | | |

DEP Form No. 62-213.900(2)

| 4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".) | art II of this notification form? |
|--|-----------------------------------|
| 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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is | ls of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring and Recordkeeping Inform | nation |
| Check all logs which are required to be kept on-site in accordance with the requ | irements of this general permit: |
| (a) Purchase receipts and solvent purchases | |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | \bowtie |
| (d) Carbon adsorber exhaust perc concentration monitoring | [] |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | \bowtie |

DEP Form No. 62-213.900(2)

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) | | | | | |
| \geq | 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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the 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 | omptly notify the Department of any changes to the information contained in this notification. | | | | | |
| Signatur | 20-22-96 Date | | | | | |

DEP Form No. 62-213.900(2)

BEST AVAILABLE COPY

Orange County Environmental Protection Department



Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL [] | COMPLAINING COVERY RE-INSPECTION |
|---|--|
| William and the comment | ARS ID#: 0950383 |
| * * * * * * * * * * * * * * * * * * * | vs Ind DATE: 1/7/97 |
| RESPONSIBLE OFFICIAL: Mac Lashley | PHONE NUMBER: 277-6145 |
| compliance with DEP Rule 62-213.300, Florida Adm | evaluated during this inspection, the following compliance |
| No Rolling monthly preve povehased Log maintained | O SIX month hemispection |
| · No weekly refug condens Log maintained | (1) II |
| No leck detection log maintained | (3) |
| No corrective action form | 11 11 11 11 11 |
| | |
| | |
| COMMENTS: | • |
| The Annual Compliance Certification form has been properlibATE OF NEXT INSPECTION: 7/7/97 | |
| INSPECTION CONDUCTED BY: | Todd Fletcher There Printy (407) 836-9524 |

Page of

Orange County Environmental Protection Department



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL. RE-INSPECTION | COMPLAINTYDISCO | OVERY | | | |
|---|--|--|--------------------------|--|--|--|
| AIRS ID#: 0950 333 DATE: 1/7/97 TIME IN: 1030 TIME OUT: | | | | | | |
| FACILITY LOCATION: | 4415 H Orlando | offner Ave | | | | |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) | | A STATE OF THE PARTY OF THE PAR | | | | |
| 1. Existing facility notified Da | ARM by 9/1/96 | | Ū l | | | |
| New facility notified DARN | 4 30 days prior to star | tup | | | | |
| 3. Facility failed to notify DA | RM to use general per | mit | | | | |
| Facility indicated on notificated (check appropriate box) A. | | entralia (en en maria en e | / | | | |
| 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9 | /yr · | 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) | ω ; | | | |
| 3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" before="" both="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/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>· a</td></x<2,></td></x<2,> | 100 gal/yr 0 gal/yr gal/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>· a</td></x<2,> | · a | | | |
| This is a correct facility clas | sification | LIN LIN | | | | |
| If no, please check the appro | priate classification: | | | | | |
| 🗀 facility qua | lified for a general pe sada above limita and | rmit as number above is not ellgible for a general parmit | | | | |
| B. The total quantity of perc | chloroethylene (perc) j | purchased within the preceding 12 mont | ths 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? 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? UN DN/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? AYNO NO YM 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 condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B. Has the responsible official of an existing large or new large area source also: | | | | | |
|---|---|--|--|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | אל אם צם | | | | |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | אין אום צם אין | | | | |
| Is the temperature differential equal to or greater than 20° F? | OY ON 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? | OY ON WN/A | | | | |
| Is the perc concentration equal to or less than 100 ppm? | UY UN | | | | |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | טיץ טא אי א A | | | | |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | באיאט אט אנט | | | | |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON MONA | | | | |
| | | | | | |
| PART V: RECORDKEEPING REQUIREMENTS | | | | | |
| TAKE T. MCCOMMENT IN THE COMMENTS | | | | | |
| Has the responsible official: (check appropriate boxes) |) | | | | |
| Has the responsible official: |) DY UN | | | | |
| Has the responsible official: (check appropriate boxes) |) OY ON OY ON | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | DY ON | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | DY ON | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON ON/A | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only*) | OY ON ON/A | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only** 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON ON/A | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? | DY ON ON A | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? | OY ON ONIA OY ON ONIA OY ON ONIA OY ON ONIA OY ON | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only** 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? | OY ON OY ON | | | | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only** 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? | OY ON OY ON | | | | |

| | **** | | | | |
|--|--------------|-------------|----------------------------------|----------|------------|
| 2. Which method of detection is used by t | he respons | sible offic | ial? | / | |
| Visual examination (condensed s | olvent on | exterior s | urfaces) | 4 | |
| Physical detection (airflow felt th | rough gas | kcts) | • | d | |
| Odor (noticeable perc odor) | | | | الآيا | |
| Use of direct-reading instruments | otion (FID | /PID/calo | rimetric tubes) | | |
| If using direct-reading instrum | entation, | is the equ | ripment: | | |
| a. Capable of detecting | pere vapo | r concenti | rations in a range of 0-500 ppm? | $\Box Y$ | ЙΝ |
| b. Calibrated against a : (PID/FID only)? | standard g | as prior to | o and after each use | ÜΥ | N |
| c. Inspected for leaks a | nd obvious | s signs of | wear on a weekly basis? | ÜΥ | ИП |
| d. Kept in a clean and s | secure area | when no | t in use? | ÜΥ | □И |
| e. Verified for accuracy | by use of | duplicate | samples (calorimetric only)? | ŊΥ | ПN |
| 3. Has the facility maintained a leak log? | | | • | ΠY | CHÝ (|
| 4. Does the responsible official check the | following | g areas for | leaks? | | |
| Hose connections, fittings, couplings, and valves | cx/r | ПN | Muck cookers | OY | ПN |
| Door gaskets and scating | UX. | ПN | Stills | ПY | □N |
| Filter gaskets and scating | CYY | ПΝ | Exhaust dampers | ЦY | ПИ |
| Pumps | QY | ПИ | Diverter valves | ØΥ | ПN |
| Solvent tanks and containers | ĽΖY | ΠИ | Cartridge filter housings | ØY | ПП |
| Water separators | ſΩY | ΠN | | | |
| Mac Lashley Name of Responsible Official | | | | | |
| Todd Fletcher | 1-10- | | | | |
| Inspector's Name (Please P | Date of Insp | ection | | | |
| Add Halch | 7/7/97 | | | | |
| Inspector's Signature | | | Approximate Date of | Next | Inspection |

PERCHLOROETHYLENE DRY CLEAN RECEIVED

COMPLIANCE INSPECTION CHECKLIST

SEP 2 5 1997

| TYPE OF INSPECTION: | RE-INSPECTION | ISA . | | SCOVERY Bureau of Air Monitoring & Mobile Sources |
|--|--|-------------------------------------|--|---|
| AIRS ID#: <u>0956333</u>) FACILITY NAME:M | | | | |
| RESPONSIBLE OFFICIAL: | | 1 | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR | | | | a a |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | rce 🗆 2 yr d ti b | ransfer only, x both types, $x <$ | area source , x < 140 gal/yr : < 200 gal/yr | n form t of business/petroleum |
| 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility c | ,100 gal/yr d 00 gal/yr t gal/yr b | ransfer only, 2 both types, 140 | area source $x, 140 \le x \le 2,100 \text{ gal/}$ $200 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $10 \le x \le 1,800 \text{ gal/yr}$ | yr |
| If no, please check the | | ion: ral permit as r | numbera | bove |
| B. The total quantity of perchlfacility was70_ gallons | | chased within | the preceding 12 mo | onths by this dry cleaning |

(check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/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 TY 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 DY ON TIN/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

Is the responsible official of the dry cleaning facility:

| 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? | ÜΥ | ÜN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ĽΝ | אט | אאם |
| | Is the temperature differential equal to or greater than 20° F? | $\square \lambda$ | ПN | ∐N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | , | <i>***</i> ********************************* | |
| | if machines are equipped with a carbon adsorber? | ЦΥ | ЦN | אאם |
| | Is the perc concentration equal to or less than 100 ppm? | \Box Y | ΠN | \square N/N \square |
| 4. | 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? | ΠY | DИ | DNA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ПΥ | DΝ | □N/∧ |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | DY | ПN | |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|--|------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | QY ON | | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | CY ON | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | , | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | מאים 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? | אלאם אם אם | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | ON ON QUIV | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON ONA | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | BY DN | | | | | |
| 7. Maintained deviation reports? | DY DN DNIA | | | | | |
| Problem corrected? | DY DN BNIA | | | | | |
| 8. Maintained compliance plan, if applicable? | חא ס איש | | | | | |

| PA | PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|----|--|--|---|--|--|--|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair. | | | | | | |
| | inspection? | | | DY DN | | | |
| 2. | Has the facility maintained a leak log? | | | DY DN | | | |
| 3. | Does the responsible official check the | following areas for leaks | ? | | | | |
| | Hose connections, fittings, couplings, and valves | מאם מם אמ | Muck cookers | OY ON ON/A | | | |
| | Door gaskets and seating | DAY ON ON/A | Stills | DY ON ON/A | | | |
| | Filter gaskets and seating | באים אם אים | Exhaust dampers | OY ON ON/A | | | |
| | Pumps | MY ON ON/A | Diverter valves | DY ON ON/A | | | |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY ON ON/A | | | |
| | Water separators | , DY ON ON/A | | | | | |
| 4. | Which method of detection is used by t | he responsible official? | | | | | |
| | Visual examination (condensed s | olvent on exterior surfac | cs) | \textit{\text | | | |
| | Physical detection (airflow felt th | rough gaskets) | | | | | |
| | Odor (noticeable perc odor) | | | | | | |
| | Use of direct-reading instrumenta | | | | | | |
| | Halogen leak detector | | | | | | |
| | If using direct-reading instr | □N/A | | | | | |
| | a. Capable of detecting | pere vapor concentration | ns in a range of 0-500 ppm? | OY ON | | | |
| | b. Calibrated against a s (PlD/FID only)? | standard gas prior to and | l after cach use | OY ON | | | |
| | c. Inspected for leaks ar | ad obvious signs of wear | on a weekly basis? | OY ON | | | |
| 1 | d. Kept in a clean and s | _ | • | OY ON | | | |
| Ì | • | | ples (calorimetric only)? | OY ON | | | |
| | e. Vermed for accuracy | by tise of duplicate sam | pies (calorinactife only)? | | | | |
| | MANAGES I MANAGES A N. N. I. Sand Mark and T. S. Lida, And H. S. N. N. Lida (1977). Excellent and Mark the Party and Antonio Mark the Sand Andrews (1978). | AND STAFF AN APPROXIMENT TO STAFF AN APPLICATION AND COMMENCES AND AN APPLICATION AND APPLICATION APPLICAT | Halleston Committee of the State of the Committee of the | | | | |
| | | `` | | | | | |
| | | | | | | | |
| | TODO Fletcher 9/11/97 | | | | | | |
| _ | Inspector's Name (Please Pri | nt) | Date of Inspe | ection | | | |
| | Add FARDER | | | | | | |
| _ | Inspector's Signature Approximate Date of Next Inspection | | | | | | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | IPLAINT/DISCOVERY RE-INSPECTION | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| TIME IN: 2:00 TIME OUT: 230 | AIRS ID#: 0956333 | | | | | | | | |
| TYPE OF FACILITY: DIV Cleaning | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| FACILITY NAME: Mac's Dry Clea | UPLS INC DATE: 9/11/97 | | | | | | | | |
| FACILITY LOCATION: 4415 HOFFINER | 1 10 | | | | | | | | |
| Ovlando F1 32812 | | | | | | | | | |
| RESPONSIBLE OFFICIAL: Mac Lashley | PHONE NUMBER: 407 277 - 6145 | | | | | | | | |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra | - • • • • • • • • • • • • • • • • • • • | | | | | | | | |
| Based on the results of the compliance requirements evaluadiscrepancies were noted: | sted during this inspection, the following compliance | | | | | | | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | , | | | | | | | | |
| - - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| £ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>- · · · · · · · · · · · · · · · · · · ·</u> | · | | | | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |
| COMMENTS: | <u> </u> | | | | | | | | |
| | | | | | | | | | |
| Facility in ord | . &V | | | | | | | | |
| E . | | | | | | | | | |
| The Annual Compliance Certification form has been properly certif | Tied and submitted to the inspector. YES NO | | | | | | | | |
| DATE OF NEXT INSPECTION: | | | | | | | | | |
| | pproximate) | | | | | | | | |
| | 2tcher | | | | | | | | |
| INSPECTOR'S SIGNATURE: JOHN THE PHONE NUMBER: 836-9524 | | | | | | | | | |

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAC'S DRYCLEANING INC

AIRS ID 0950333

| | 4415 HOFFNER A ORLANDO FL 32 | | | MAR 1 0 1998 au of Air Monito Mobile Sources |
|---|---|--|---|---|
| | Do <u>I</u> | NOT Remove Label | | 1698 Monitoring Sources |
| Annual Reporting Period: | | 19 TO | | 19 |
| Based on each term or condition of 62-213.300, Florida Administrative | - | | | |
| If NO, complete the following: | | | | , X |
| #1. Term or condition of the genera | al permit that has not been in | continuous compl | iance during the repo | orting period stated above: |
| Exact period of non-compliance: fr | om | 1 | _ to | |
| Action(s) taken to achieve complian | ice: | M 8 | / XD | tress |
| Method used to demonstrate compli | ance: | X | D | |
| #2. Term or condition of the genera | al permit that has not been in | continuous compl | iance during the repo | orting period stated above: |
| Exact period of non-compliance: fr | om S | 5 - 5 | to | 7 |
| Method used to demonstrate compli- | ance: | 200 | | 2 |
| | | 0 | | |
| As the responsible official, I hereby centrotification are true, accurate and comdoes not exceed 2,100 gallons per year RESPONSIBLE OFFICIAL: | tify, based on information and plete. Further, my annual con for dry-to dry facilities or 1,800 | belief formed after sumption of perchl gallons per year fo | reasonable inquiry, the proethylene solvent, ba pr transfer or combinat | at the statements made in this sed upon purchase receipts, tion facilities. |
| RESPONSIBLE OFFICIAL: | | | | itoring |
| | Name (Please Print) | | Signature | Difference of the second |
| *This form is made available to you a discretion of the responsible official 11/06/97 | s an aid in order to meet you to use this form. | r annual complian | ce certification requir | thents. His at the |
| 11/06/97 | | | | 1 Ina |
| | | | | K K |

| | · · · · · · · · · · · · · · · · · · · | WAILABLE COPY |
|------|--|-----------------|
| | P14 | 00 |
| | 1.(a) add dates in blocks | |
| ···· | 12.(4) 4-26 Spote to | |
| 1. | Facility Ow Mac Lashley, he has | |
| 2. | $\mathcal{L}_{\mathcal{L}}$ | |
| | me he machine | |
| 3. | Hazardou more than 100 sal in a 12 month period Street A 3. New Smeath | |
| 4. | Facility 3 12 month Derind | |
| | Facility 3. New Small are a source Should be marked | e: 32817 |
| ·5. | city: Should be marked source | |
| | | 2333 |
| | | |
| 6. | Name | |
| | | 57 |
| 7. | Responsible Official Mailing Address: Organization/Firm: | |
| | Street Address: 4415 HOFFNER AUE City: ORZLAWDO County: ORZAWZC | Zip Code: 32812 |
| 8. | Responsible Official Telephone Number: Telephone: (407) 740 - 4861 Fax: (451) 217 | -6145 |
| | Facility Contact (If different from Responsible Official) |) |

| | | ~ 1 | | | | | | |
|-----|---|-----------------|-------------|-----|-------|------------|--|----------|
| 9. | Name and Title of Facility Contact (For | r example, plan | t manager): | | | | 1213 14 15 167 | |
| | | W. Santa | · · | | | , o | 4 | 10 m |
| 10. | Facility Contact Address: | | | | | <i>0</i> 5 | NUV 1996 | 7 02 |
| | Street Address: City: | County: | , | Ziŗ | Code: | 3 | | 22 23 2, |
| 11. | Facility Contact Telephone Number: Telephone: () - | | Fax: (|) | ~ | | الم المن المن المن المن المن المن المن ا | 31,307 |

RECEIVED

SEP 3 1995

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | . Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | |
|------|---|--|--|--|--|--|--|--|
| | MAC'S DRYCLEAWERS INC. | | | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | | | |
| | MAC'S DRYCLEANERS INC. | | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | | |
| | | | | | | | | |
| 4. | Facility Location: | | | | | | | |
| | Street Address: 4415 HOFFINER AVE. | | | | | | | |
| | City: OROLANDO County: OROANGE Zip Code: 37-817 | | | | | | | |
| ે5.∴ | Facility Identification Number (DEP Use): | | | | | | | |
| | 0950333 | | | | | | | |
| er w | | | | | | | | |
| | Responsible Official | | | | | | | |
| 6. | Name and Title of Responsible Official: | | | | | | | |
| | WAC TASTILES - LUSSIDENL | | | | | | | |
| 7. | 1 | | | | | | | |
| | Organization/Firm: Street Address: 4415 HOFFNER AUE. | | | | | | | |
| | City: ORLAWDO County: ORAWGE Zip Code: 52812 | | | | | | | |
| | | | | | | | | |
| 8. | Responsible Official Telephone Number: Telephone: (407) 740 -4861 Fax: (467) 217 - 6145 | | | | | | | |
| | rax: (401) 211 - 6(43) | | | | | | | |
| | Facility Contact (If different from Responsible Official) | | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | | | |
| | | | | | | | | |
| 10. | Facility Contact Address: | | | | | | | |
| | | | | | | | | |
| | Street Address: City: County: Zip Code: | | | | | | | |
| | City: County: Zip Code: | | | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | | | |
| | Telephone: () - Fax: () - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

RECEIVED

SEP 3 MAR

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

Bureau of Air Monitoring & Mobile Sources

| (Indicate with an "X".) | pursuant to section (5) of Part II of this notification form? |
|--|--|
| Existing large area source Carbon adsorber [] | Refrigerated condenser [] |
| New small area source Refrigerated condenser [X] | |
| New large area source Refrigerated condenser [] | , |
| | |
| to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: | |
| | have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| Equipment Monitoring a | nd 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 mon | itoring [] |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |

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

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 Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device |
|--|---------|--|---------------------------|-----|------------------------------|---------------------------|----|------------------------------|---------------------------|
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | 11 | OFFWAN | 2010 | | 3/8/96 | h | | | |
| (1) w/ ref. condenser | 1 | 3-8-96 | 3-8-96 | | | | | | |
| (2) w/ carbon adsorber | , | 0 0 10 | 300 | - | | | | | |
| (3) w/ no controls | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Washer Unit | | · . | .: | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | · | | | | | | |
| Dryer Unit | | 1. | | | | | | | ٠. |
| (7) w/ ref. condenser | | T | | T | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | 12.56 12.5 | 1.0 | Pro- 1 400 1 1 1 | 33% | · | : | |
| (10) w/ ref. condenser | | T | | | 1 | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | <u> </u> | | | | |
| (b) Control devices are required, but not yet installed | | | | | | | | | |
| 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source Existing large area source New large area source | | | | | | | | | |

DEP Form No. 62-213.900(2)

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) | | | | | | | | |
| \geq | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | | | | |
| | Responsible Official Certification | | | | | | | |
| this notifi statement maintain | I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | | | | |
| I will promptly notify the Department of any changes to the information contained in this notification. | | | | | | | | |
| Signature | 00 800hly Date 1-7-97 | | | | | | | |

INTEROFFICE MEMORANDUM

Date:

02-Oct-1998 03:13pm

From:

Assefa Hailemariam ORL

HAILEMARIA A@A1@EPIC66

Dept:

Orange County

Tel No: 407/836-9323

To:

Sandy Bowman

TAL

(BOWMAN S@A1@DER)

Subject: FACILITY INACTIVE

HI SANDY,

MAC DRY CLEANERS, AIR ID 0950333 AND CLASSIC CLEANERS, AIR ID0950308. BOTH ARE OUT OF BUSINESS.IF ANY THING YOU WANT KNOW ABOUT THIS PLEASE

GIVE ME ACALL. THANKS YOU!!

ASSEFA.

pile 0950333

PERCHLOROETHYLENE DRY CLEANERS CFIVED COMPLAINT PASSCOVERY 1370 L. & Mobile Source Toring TYPE OF INSPECTION: ANNUAL & Mobile Sources RE-INSPECTION AIRS ID#: 0750333 DATE: 9/14/98 TIME IN: _____ TIME OUT: ____ FACILITY NAME: MAC DLY CLEANERS FACILITY LOCATION: 4415 HOFFNEL AVE ORBANDO FL 32812 RESPONSIBLE OFFICIAL: MAC LASHLEY PHONE: 407 - 277-6145 CONTACT NAME: _____PHONE: ____ PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

| PART III: GENERAL CONTROL REQUIREMENTS | |
|---|-------------------|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | |
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | OY ON ON/A |
| 2. Examining the containers for leakage? | CIY CIN CIN/A |
| 3. Closing and securing machine doors except during loading/unloading? | OY ON |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? | בוץ טו סאיג |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | מארם אם אר |
| | |
| 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 refrig (complete A below). | erated condenser |
| If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipped with a refrig | gerated condenser |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) | |
| 1. Equipped all machines with the appropriate vent controls? | CIY ON |
| 2. Equipped dry-to-dry-machines with a closed-loop vapor venting system? | OY ON ON/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | OY ON ON/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | מע מא |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | CIY ON ON/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | OY ON |

| В. | Has the responsible official of an existing large or new large area source also: | | | i |
|----|---|-----|----|--------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΩY | ШN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | CΙΥ | ΩΝ | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | Ωи | □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? | ΟY | □и | □n/a |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ΠИ | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΩY | Ωи | □n/a |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΔY | ÜN | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПΝ | □N/A |
| = | | | | |
| P | ART V: RECORDKEEPING REQUIREMENTS | | | |
| | | | | ······ |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | OY ON |
| 2. Maintained rolling monthly total of perc consumption? | OY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | OY 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? | OY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON ON/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | AVAC AC YC |
| 6. Maintained startup/shutdown/malfunction plan? | DY DN |
| 7. Maintained deviation reports? | OY ON ON/A |
| Problem corrected? | OY ON ON/A |
| 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 sources, bi-weekly) leak detection and repair | | | | | | | | | |
| inspecti | inspection? | | | | | | | | |
| 2. Has the | facility maintained a leak log? | | | ΠY | ПN | | | | |
| 3. Does th | e responsible official check the fo | ollowing areas for leaks? | | | | | | | |
| | ose connections, fittings, couplings, and valves | CIY CIN CIN/A | Muck cookers | ĽΊΥ | CIN CIN/A | | | | |
| D | oor gaskets and scating | OY ON ON/A | Stills | ΩY | ON ON/A | | | | |
| · F | ilter gaskets and scating | OY ON ON/A | Exhaust dampers | ÜΥ | □N □N/A | | | | |
| P | umps | OY ON ON/A | Diverter valves | ΠY | ON ON/A | | | | |
| S | olvent tanks and containers | OY ON ON/A | Cartridge filter housings | ΠY | □N □N/A | | | | |
| N W | Vater separators | OY ON ON/A | | | | | | | |
| 4. Which | method of detection is used by th | e responsible official? | | | | | | | |
| \ \ \ \ | isual examination (condensed so | lvent on exterior surfaces) | | | | | | | |
| P | hysical detection (airflow felt thr | ough gaskets) | | | | | | | |
| C | Odor (noticeable perc odor) | | | | | | | | |
| U | | | | | | | | | |
| F | | | | | | | | | |
| | ΩN/ | Α | | | | | | | |
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | | | |
| | b. Calibrated against a set (PID/FID only)? | andard gas prior to and aft | ler each use | ΟY | □N | | | | |
| | c. Inspected for leaks an | d obvious signs of wear on | a weekly basis? | ĽΊΥ | ПN | | | | |
| | d. Kept in a clean and so | cure area when not in use? | , | ΟY | □N | | | | |
| | e. Verified for accuracy | by use of duplicate samples | s (calorimetric only)? | ΠY | ΩN | | | | |
| | | | | | | | | | |
| <u> </u> | | | | | | | | | |
| | | | | | | | | | |
| 1. | 9/11/02 | | | | | | | | |
| FIS | Inspector's Name (Please Prin | | Date of Insp | ection | · · · | | | | |
| | . , , , , , , , , , , , , , , , , , , , | • | | • | | | | | |
| | onela Hillama | ucin | | | | | | | |
| | Inspector's Signature | <i>C1</i> | Approximate Date of | Next | Inspection | | | | |

| | | INFORM. | |
|--|--|---------|--|
| | | | |
| | | | |
| | | | |
| | | | |

FACILITY IN ACTIVE

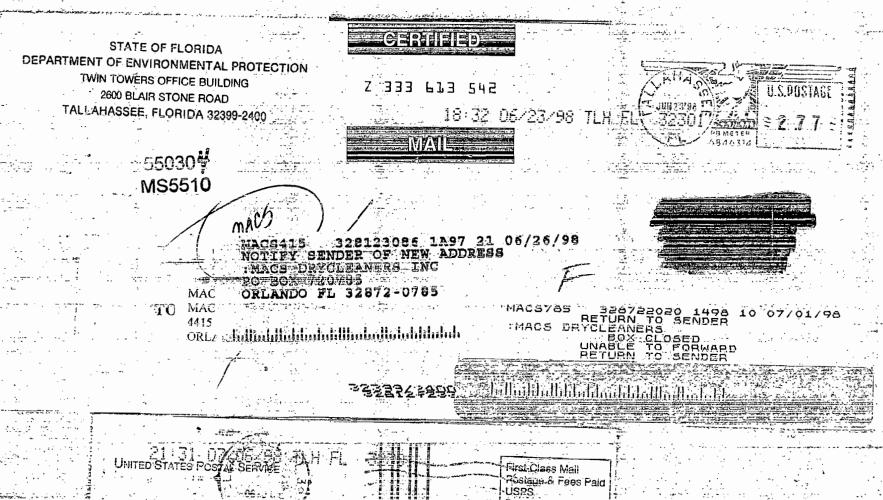
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

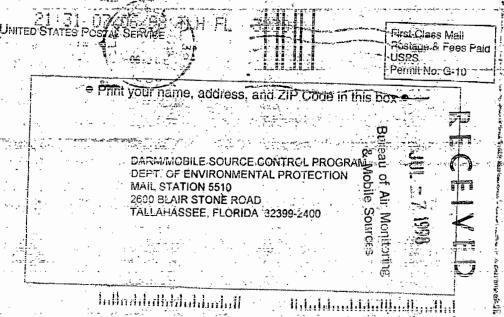
| TYPE OF INSPECTION: ANNUAL \(\sum \) COM | PLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| TIME IN:TIME OUT: | AIRS ID#: 0950333 |
| TYPE OF FACILITY: DLY CLEANER | |
| FACILITY NAME: MAC DRY CLEARIERS | IAC. DATE: 9/14/98 |
| FACILITY NAME: MAC DRY CLEARIERS FACILITY LOCATION: 4415 HOFFNER | A118 |
| | |
| RESPONSIBLE OFFICIAL: MAC CASHLEY | PHONE NUMBER: 407-277 6/41 |
| Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra | - • |
| Based on the results of the compliance requirements evalua discrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | r |
| · | |
| | |
| | |
| • • | |
| | |
| | |
| | |
| | |
| | • |
| | |
| OMMENTS: DUT OF BUSSINESS (FACILITY IN ACTIVE) | |
| (FACILITY INACTIVE) | |
| The Annual Compliance Certification form has been properly certif | |
| DATE OF NEXT INSPECTION: | proximate) |
| INSPECTION CONDUCTED BY: 10 make Harley | · · · · · · · · · · · · · · · · · · · |
| INSPECTOR'S SIGNATURE: | case Print) PHONE NUMBER: 836-237 AL |
| | |

Page___of__

Revised 10/96

Best Available Copy





RECEIVED

JUL - 6 MMB

Bureau of Air Monitorine

Bureau nothe sources

Z 333 613 542

US Postal Service Receipt for Certifled Mail

AIRS ID# 0950333
MAC'S DRYCLEANING INC
MAC LASHLEY
4415 HOFFNER AVE
ORLANDO FL 32812

| | Postage | \$ |
|------------|--|----|
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee . | |
| April 1995 | Return Receipt Showing to Whom & Date Delivered | 7. |
| , April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 3800 | TOTAL Postage & Fees | \$ |
| ည္၂ | Postmark or Date . | |
| Form | | |
| 8 | · · · · , . | |

| 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 the card to you. | nat we can return this | I also wish to receive the following services (for an extra fee): |
|---|-----------------------------------|---|
| Attach this form to the front of the mailpiece, or on the back if permit. | | 1. Addressee's Address |
| "Write Return Receipt Requested" on the mailplace below the The Return Receipt will show to whom the article was deliver | article number. | 2. The Restricted Delivery |
| delivered. | and the data | Consult postmaster for fee. |
| AIRS ID# 0950333 MAC'S DRYCLEANING INC MAC LASHLEY 4415 HOFFNER AVE ORLANDO FL 32812 | 4b. Service ☐ Registere ☐ Express | Type ed |
| 5. Received By: (Print Name) | 8. Addressed | e's Address (Only if requested |

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











☐ INSUFFICIENT ADDRESS ■ NO SUCH NUMBER

☐ UNCLAIMED ☐ REFUSED

☐ ATTEMPTED - NOT KNOWN

□ NO SUCH STREET

VACANT

☐ NO RECEPTACLE

☐ NOT DELIVERABLE

AS ADDRESSED

CARR/ WITIALS

Best Available Copy

dress, and ZIP+4

se for any selected optional services (See front). 10 AIRS ID # 0950333001AG MAC LASHLEY MAC'S DRYCLEANING 4415 HOFFNER AVE ORLANDO FL 32812

the gummed stub to present the article ra charge).

ed, stick the gummed id retain the receipt, ai

tified mail number and ach it to the front of

Bureau of A.r Monitoring & Mobile Sources

1 '570 PP3 001

US Postal Service

Receipt for Certified Mail

10 AIRS ID # 0950333001AG MAC LASHLEY MAC'S DRYCLEANING 4415 HOFFNER AVE ORLANDO FL 32812

| | Postage | \$ |
|---------------------|--|------------|
| | Certified Fee | |
| | Special Delivery Fee | |
| 10 | Restricted Delivery Fee | |
| April 1995 | Return Receipt Showing to Whom & Date Delivered | |
| , Apri | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 808 | TOTAL Postage & Fees | \$ |
| PS Form 3800 | Postmark or Date | |

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided) 0560 Article Sent To: -OLD Z210 663001 1527 Postage Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) 00 Restricted Delivery Fee (Endorsement Required) 0600 Total Postage & Fees \$ Name (Please Print Clearly) (to be completed by mailer)

MACLASTIC
Street, Apt. No., or PO Box No.

O150333001 AC

City, State, ZIP+4 7000 PS Form 3800, July 1999

.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVE | RY |
|--|--|--------------------|
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. | . Date of Delivery |
| Print your name and address on the reverse so that we can return the card to you. | C. Signature | |
| Attach this card to the back of the mailpiece, | × | ☐ Agent |
| or on the front if space permits. | D. Is delivery address different from item 1 | Addressee 2 |
| 1. Article Addressed to: | If YES, enter delivery address below: | □ No |
| 10 AIRS ID # 0950333001AG | | |
| MAC LASHLEY | | · |
| MAC'S DRYCLEANING | | |
| 4415 HOFFNER AVE | 2 Coming Time | |
| ORLANDO FL 32812 | 3. Service Type ☐ Certified Mail ☐ Express Mail | ړ. |
| And the second of the second o | | t for Merchandise |
| 7000 0600 0021 6527 0260 | | l l |
| 2210 663 001 | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| 2. Article Number (Copy from service label) | | |
| PS Form 3811, July 1999 Domestic Re | turn Receipt | 102595-99-M-1789 |

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

RECEIVED MAIL ROOM FEB 28 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0950333 MAC'S DRYCLEANING INC MAC LASHLEY 4415 HOFFNER AVE ORLANDO FL 32812 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

| TOTAL AMO | OUNT DUE: \$50.00 | 70 |
|---|--|----|
| Company went out a Do NOT Remove Label | of business Oct. 1, 19 1 = | |
| AIRS ID 0950333 MAC'S DRYCLEANING INC MAC LASHLEY 4415 HOFFNER AVE ORLANDO FL 32812 | FOR GOVERNMENT USE ONEY Org.: 37550101000 EO: B1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |

'P '265 302 213 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0950333 MAC'S DRYCLEANING INC MAC LASHLEY 4415 HOFFNER AVE ORLANDO FL 32812 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date Return Receipt Showing to Whom, Date, & Addressee's Address \$

| on 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 we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. | e does not e number. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | | Receipt Service. |
|----------------------|---|---|--|-----------------------|--------------------------|
| ADDRESS completed | AIRS ID#: 0950333 MAC'S DRYCLEANING INC MAC LASHLESY:: 4415 HOFFNER: AVE ORLANDO FL::32812 | 4a. Article N 4b. Service 1 Registere Express I Return Rec 7. Date of De | Type ad Mail ceipt for Merchandise | ☐ Certified ☐ Insured | you for using Return Rec |
| Is your RETURN | 5. Received By: (Print Name) CARDI ASHLEY 6. Signature: (Addressee or Alient) PS Form 3811, December 1994 | 8. Addressee and fee is | e's Address (Only in paid) Domestic Retu | | Thank |

| | Z 333 6 | 13 014 | | | | | | |
|----------------------------------|--|------------------------|--|--|--|--|--|--|
| | US Postal Service Receipt for Certified Mail | | | | | | | |
| N 4 | MAC'S DRYCLEANING MAC LASHLEY 1415 HOFFNER AVE DRLANDO FL 32812 | AIRS ID 0950333 INC | | | | | | |
| | 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 | | | | | | | |

| Complete items 1 and/or Complete items 3, 4a, ar Print your name and add card to you. Attach this form to the fr permit. Write 'Return Receipt Re- the Return Receipt will st | Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date | | | - ecelot Service |
|---|--|---|--------------------------------------|---------------------|
| 3. Article Addressed to MAC'S DRYCLEAN MAC LASHLEY | o:AIRS ID 0950333 | 4a. Article N | umber | n Rec |
| MAC'S DRYCLEANING INC MAC LASHLEY 4415 HOFFNER AVE ORLANDO FL 32812 | | 4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchandise COD 7. Date of Delivery | | for using |
| 5. Received By: (Prin | | 8. Addressee and fee is | e's Address (Only if requested paid) | Thank vou |
| 6. Signature: (Address X PS Form 3811, Decor | MADE | 02595-97-B-0179 | Domestic Return Receip | ōt . |