

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

November 25, 1996

Mr. Chris Mendez President Spring Fashion Cleaners 1595 North Rock Springs Road Apopka, Florida 32712

Re: Facility I.D. No. 0950338

Dear Mr. Mendez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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

and Mobile Source

DD/jw

cc: Mr. Louis Nichols, Central District

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

#### INTEROFFICE MEMORANDUM

Date: 27-Nov-2000 09:35am

From: Ilka.Bundy

Ilka.Bundy@co.orange.fl.us

Dept: Tel No:

To: Rick.Butler (Rick.Butler@dep.state.fl.us)

CC: Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)

CC: Marie.Driscoll (Marie.Driscoll@co.orange.fl.us)

Subject: Dry Cleaner

#### Good Morning!

The dry cleaner Spring Fashion Cleaners, AIRS ID# 0950338, is no longer using perchloroethylene. They are using petroleum.

Ilka Bundy
Environmental Specialist
Phone (407) 836-1400
Fax (407) 836-1498
Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

ECKLIST Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

	20/98 AC.
AIRS 10#: 0950338 DATE: 10 29	97 TIME IN: 10:30 TIME OUT: 11:00
FACILITY NAME: SOLING FO	ishion Cleaners
FACILITY LOCATION: 1595	N. Rocksprings Rd
Apop Ka	FL 32717
RESPONSIBLE OFFICIAL: Chuis Me	nder PHONE: 407 584-5100
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Que VOV. L
1. New facility notified DARM 30 days prior to star	tup $\mathcal{C}_{\mathcal{A}}^{\mathcal{A}}$
2. Facility failed to notify DARM to use general per	tup & Mobile I I I I I I I I I I I I I I I I I I I
	Out Tho
PART II: CLASSIFICATION	2 3
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop storc/out of business/petroleum
A.  1. Existing small area source □	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 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, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1.800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification	DY ON OCan not determine
If no, please check the appropriate classific	cation:
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pr	urchased within the preceding 12 months by this dry cleaning

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAI	NT/DISCOV	ERY	RE-INSPECTI	П ис
TIME IN: 10:45	TIME OUT:		A	IRS ID#: 0 C	150338	
TYPE OF FACILITY:	ory cleaner,					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		lean		<del></del>	DATE: 3/17	98
	595 N. Rock	spring	327	17	<u>.</u>	
RESPONSIBLE OFFICIAL:	Chris Mende	<u> </u>			467 884 - 5	5100
	he compliance requirements e	valuated di				
	ule 62-213.300, Florida Admi				ity is found to be in	
	he compliance requirements e	valuated di	uring this insp	pection, the follo	wing compliance	
discrepancies were noted		~ I				
COMPLIANCE REQU	JIREMENT/PROBLEM	1	FOLLO	W-UP ACTIO	ON REQUIRED	<del></del>
No Perc Rece	ipts on site		214	month	veinspect	104
		Ü				
No rolling A	Pevc Consumption	N	V	,1	¥	
		(2)				•
No leak Det	ection Log		W	ે ન	· U	
<del>.</del>		(3)				-
No Correctiv	e Action towns	5	¥	ų	V	· .
		(4)				
No Condenser	Temp Log		11			
Dane Analy	- L - L O			· ·	, ,	
Perc Containers	not sealed		١,	'•	•	
COMMENTS:						
`						
		_				
The Annual Compliance Certific	ation form has been properly of	certified an	d submitted t	to the inspector.	YES 1	10
DATE OF NEXT INSPECTIO	N:	(Approx	mate)			
INSPECTION CONDUCTED	BY: TODA FI	etch		s.		
	12/1/10/1	(Please l	<del>-</del>		1,-1	
INSPECTOR'S SIGNATURE:	COULLYHOL	1	PHO	NE NÚMBER:_	(407) <i>836-9</i>	3524

Page of .

Revised 10/96



## Orange County Environmental Protection Department

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	CTION EI	ÆRY 🗆
AIRS ID#: 0950338 DATE: 3/1		
FACILITY LOCATION: 1595 N	ROCK SPRINGS RD	
APOPKA,	FL 327/2	
PART I: NOTIFICATION		
(check appropriate box)		The state of the s
1. Existing facility notified DARM by 9/1/96		<b>(N</b> 2)
2. New facility notified DARM 30 days prior t	lo startup	
3. Facility failed to notify DARM to use gener	al permit	
A.  1. Existing small area source Udry-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)	<b>M</b>
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><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></td></x<2,></td></x<2,>	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></td></x<2,>	
This is a correct facility classification	MY ON	
If no, please check the appropriate classifica	ition:	
facility qualified for a gene facility exceeds above limit	eral permit as number above ts and is not eligible for a general permit	
B. The total quantity of perchloroethylene (facility was 3 & gallons.	pere) purchased within the preceding 12 month	ns 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? ÚXÝ ĽIN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DXY UN UN/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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DKY LIN 1. Equipped all machines with the appropriate vent controls? MY 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 MAIN UN CANA 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 DY ZW condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NIX YO 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?	מט אט א
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מץ מא
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the pere 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?	מ/אם אם צם
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?	טץ טא
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	UY XN
2. Maintained rolling monthly averages of perc consumption?	OY 💢
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	□Y X(N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מץ אוא מט אוא מעט פט אוא אוא מיט פט אוא אוא מיט פעט
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY CX(N
6. Maintained startup/shutdown/malfunction plan?	Ġ <b>X</b> ОN
7. Maintained deviation reports?	DY ON NA
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON XINA
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY <b>X</b> N

2.	Whic	ch method of detection is used by the	resnous	ible offici	217		
	,,,,,,	Visual examination (condensed sol				DK.	
		Physical detection (airflow felt thro			irraces)	<b>17</b>	
		•	ougu gasi	kets)		<b>M</b>	
		Odor (noticeable perc odor)				•	
		Use of direct-reading instrumentat	,		,	Ü	
		If using direct-reading instrumen		-			
		a. Capable of detecting p	ere vapor	concenti	ations in a range of 0-500 ppm?	UY U	И
		<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard g	as prior to	and after each use	OY O	N
		c. Inspected for leaks and	l obvious	signs of v	wear on a weekly basis?	UY U	И
		d. Kept in a clean and sc	сиге агеа	when no	t in usc?	UY O	Ν
		e. Verified for accuracy t	y use of	duplicate	samples (calorimetric only)?	ט צט	N
3.	Has	the facility maintained a leak log?				UY 🔀	(N
4.	Doc	s the responsible official check the f	ollowing	areas for	leaks?		
		Hose connections, fittings, couplings, and valves	<b>DXX</b> Y	ПΝ	Muck cookers	ΟY	ПΝ
		Door gaskets and scating	×	ÜN	Stills	XX	ПN
		Filter gaskets and scating	$ \bowtie_{Y} $	ÜN	Exhaust dampers	X	ПN
		Pumps	<b>⇔</b>	ВΩ	Diverter valves	)AC	ПИ
		Solvent tanks and containers	XΥ	ПN	Cartridge filter housings	. EXY	ПN
		Water separators	Kly	ПИ		·	

3/17/97
Date of Inspection
9/17/97
Approximate Date of Next Inspection

# RECEIVED

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

DEC 5 1997

ng

TYPE OF INSPECTION: AN	IPLIANCE INSPE			Bureau of Air Moni & Mobile_Source
AIRS ID#: <u>0950338</u> DATE	: 10/29/97	_ TIME IN	4: 10'.30 TIM	IE OUT: 11.00
FACILITY NAME:SOV	ive Fast	uou (	Clouners	
FACILITY LOCATION:	595 N.	Rock	( s OVINS	RJ
	1.000 K	<u> </u>	32717	
RESPONSIBLE OFFICIAL: Ch	4 4			
CONTACT NAME:				
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 day	s prior to startup			
2. Facility failed to notify DARM to u	se general permit			0
PART II: CLASSIFICATION				
Facility indicated on notification for (check appropriate box)	m that it is:		☐ No notification for ☐ Drop store/out of	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-t trans both	sfer only, $x$ types, $x < 1$	x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	al/yr dry- yr tran both	sfer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	□ ′r
5. This is a correct facility classific	cation DX	/ Пи	□Can not determin	e
	lified for a general	permit as ni	nnber abo	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

facility was 132 gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN BN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DYNA 2. Examining the containers for leakage? OX DN 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 DYNA 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the CY ON ONA 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?

В.	Has the responsible official of an existing large or new large area source also:	
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ОУ ОЙ
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
	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?	עאים אם עם
 	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
II .	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
PA	RT V: RECORDKEEPING REQUIREMENTS	
	s the responsible official: leck appropriate boxes)	_
1.	Maintained receipts for perc purchased?	DX. DN
2.	Maintained rolling monthly averages of perc consumption?	QA ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	CX CIN CIN/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?	איאם אם אפ
4.	Maintained calibration data? (for applicable direct reading instruments)	OY ON DXIA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6.	Maintained startup/shutdown/malfunction plan?	GY ON
1 7		/
\	Maintained deviation reports?	DY ON DANA
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Maintained deviation reports?  Problem corrected?	DY DN BNIA

PΑ	RT VI: LEAK DETECTION AND	REPAIRS		
l.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection an	id repair
	inspection?			NO YO
2.	Has the facility maintained a leak log?			NO YE
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	QÝ ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	באים חם אים	Cartridge filter housings	DY ON ON/A
	Water separators	, DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	cs)	
	Physical detection (airflow felt t	hrough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumen	tation (FID/PID/calorime	ric tubes)	
	Halogen leak detector		,	
	If using direct-reading ins	trumentation, is the equi	pment:	M/A
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	QY QN
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	NO YO
	d. Kept in a clean and	secure area when not in a	ise?	ОУ ОИ
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	ОУ ОИ
m 4	MINISTER AND	Marine Marin 177 187 MEXIMUM (Saura), D.S.E. B.S.TSE Sequence 9-7 Method 188	ACCUPATION OF A PARTY IN THE PA	

spector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/D	ISCOVERY .	RE-INSPECTION
TIME IN: 10:30	TIME OUT:	1:00	AIRS ID#:	0950338
TYPE OF FACILITY:	Dry Cleaner			·
FACILITY NAME:	Spring Fashion	1 Clea	nevs	DATE: 10/29/97
FACILITY LOCATION:	1595 N. Ro	CKSprin	igs Rd	
	Apapka F	<u>'</u>	32712	
RESPONSIBLE OFFICIAL:	Chris Mendez	<del> </del>	PHONE NUMBER:	407 884-5100
	he compliance requirements eva	_	•	ility is found to be in
•	ule 62-213.300, Florida Admini			
Based on the results of the discrepancies were noted	he compliance requirements eva	luated during t	this inspection, the foll	owing compliance
•	JIREMENT/PROBLEM	FO	LLOW-UP ACTI	ON REQUIRED
•				
				• •
	-			
. •				
·		•	R	Ecr.
				EIVED
				ECEIVED  DEC 5 1997
			Bure	au of Air Monitoring  Mobile Sources
			&	au of Air Monitoring Mobile Sources
				Sources
•	•			
COMMENTS:				
	/ ) ( , , , , , , , , , , , , , , , , , ,	C	diam ce	
	facility 1	Com	Pilase	
•				
The Annual Compliance Certific	ation form has been properly ce	tified and sub	mitted to the inspector	. YES NO
•	10/26/98			
DATE OF NEXT INSPECTIO	111.	Approximate)	) .	. /
INSPECTION CONDUCTED				• .
	A LOCADO	(Please Print)		. 12 12-
INSPECTOR'S SIGNATURE:	Jan Juct		_PHONE NUMBER	: 10/29/97

Revised 10/96

### Perchloroethylene Dry Cleaning Facility Notification

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

1.	Facility Owner/Company Name (Nam	e of corpora	tion, agency, or indivi	dual owner):	
	Site Name (For example, plant name o				
2.	Site Name (For example, plant name o	r number):			
	Sorings Fashion Hazardous Waste Generator Identificat	1 CleAN	vers		
3.					
	FLO 00 00 Facility Location: Florida	11122	_		
4.	Facility Location: FloRidh Street Address: 1595 N. Rock	Eoss. Rd			
	City: Apopka	County:	ORANGE	Zip Code:	327/2
5.	Facility Identification Number (DEP U	(se):			
				095	0338
************	and the control of the state of			500000000	r versioner en
		Responsit	ole Official		
6.	Name and Title of Responsible Officia	l:			
	Chris mendez Pi	esident			
7.	Responsible Official Mailing Address:				
	Organization/Firm:	60.00	As Apove		
	Street Address:	JAME	ATS PIBERC		
	City:	County	:	Zip C	Code:
8.	Responsible Official Telephone Numb				
	Telephone: (407) 224 - 5/00	c	Fax: ( )	-	
	F - 174- C 4	/XC 1:55	4 form Day 211 C	. cc · . 1\	,
	racinty Contact	t (11 allieren	t from Responsible C	official)	
9.	Name and Title of Facility Contact (Fo	r example, p	lant manager):		
	•				
10.	Facility Contact Address:				
	Street Address:				
	City:	County:		Zip Code:	
11.	Facility Contact Telephone Number:				
	Telephone: ( ) -		Fax: ( )	-	
1					IVED

RECEIVED

SEP 5 1996

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

Bureau of Air Monitoring & Mobile Sources

#0950338

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

#### **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.

Example  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit		15 OC+8		: , "					
(2) w/ carbon adsorber (3) w/ no controls Washer Unit		15 OCT 8						5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(3) w/ no controls Washer Unit									
Washer Unit									_
(4) w/ ref. condenser	1000	ANT SE	in the second	144			1 1		
4.5. 5									
(5) w/ carbon adsorber									
(6) w/ no controls						, -			
Dryer Unit				W n	İği eleşeki, kaçısı				te de la companya de
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	377,7						•		
(10) w/ ref. condenser									
(11) w/carbon adsorbe	•								
(12) w/ no controls									
(h) If less than 12 may	quanti	equired to be ity of perchlo	installed	perc)	] purchased in		•	oths? eep records:	
Check why it is lea	is than	12 monuis.	THEW OWINGT.	<b>L</b>		. [] 1510	not it		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	s 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  [	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	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	区
(c) Refrigerated condenser temperature monitoring	$\bowtie$
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please 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)
$ \swarrow $	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement: maintain i comply wi	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.  Inptly notify the Department of any changes to the information contained in this notification.
Signature	hud May 2/1/96 Date

••	BEST AVAILABLE COPY		
,	· = 09503	33 8	
	Per P. 14		
	1.(a) add dg+	e control	
1.	Facility Owner/Co	rs talled	
2.	Site Name (For ex		
3.	Hazardous Waste		
4.	Facility Location Street Address: City: Apopka		?7/2
5.	Facility Identifi	OV 1996	338
6.	Name and Tit		· 
	Chris		
7.	O-conication /Firms	apeve	
	City: County:	Zip Code:	
8.	Responsible Official Telephone Number: Telephone: (407) 884 - 5100 Fax:	( ) -	
	Facility Contact (If different from Res	oonsible Official)	٠.
9.	Name and Title of Facility Contact (For example, plant manage	r):	
10	Facility Contact Address:		

9.	Name and Title of Facility Conta	ct (For example, plant	manager):		
					·
10.	Facility Contact Address:				
	Street Address: City:	County:		Zip Code:	
11.	Facility Contact Telephone Numb Telephone: ( ) -	per:	Fax: (	) -	

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

Bureau of Air Monitoring & Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

2. Site Name (For example, plant name or number):  Soring Fashian Cleaners  3. Hazardous Waste Generator Identification Number:  FUR OCO III 22  4. Facility Location: FIERAP Street Address: 1595 N. Rock 35 Rd. City: Apopka County: PRANGE Zip Code: 327/2  5. Facility Identification Number (DEP-Use):  Responsible Official  6. Name and Title of Responsible Official:  Chris Mender President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) 884 - 5100 Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( )	1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Soling Fashion Cleaners  3. Hazardous Waste Generator Identification Number:  FUR OF OF THE ACT STREET Address: 1595 N. Reck 155 Rd. City: Apopka County: ORANGE Zip Code: 32712  Seality Identification Number (DEPUse):  Responsible Official  6. Name and Title of Responsible Official:  Chris mender President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) 284 - 5100 Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( )		C. M. M. Two.	
FLE CO CO 111 ZZ  4. Facility Location: FICRIDE Street Address: 1595 N. Reck \$35. Rd. City: Apopka County: ORANGE Zin Code: 32712  5. Facility Identification Number (DEP Use);  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) \$294 - 5100 Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - Fax: ( )	2.	2. Site Name (For example, plant name or number):	
FLE CO CO 111 22  4. Facility Location: FICRIDE Street Address: 1595 N. Reck \$35. Rd. City: Apopka County: ORANGE Zip Code: 32712  5. Facility Identification Number (DEP Use): County: ORANGE Zip Code: 32712  6. Name and Title of Responsible Official: Chris Mewdez President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) \$294 - 5100 Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - Fax: ( )		Spring FAShiON Cleaners	
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Responsible Official  6. Name and Title of Responsible Official:  Chris Mewdez President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) 284 - 5100  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: Telephone:  ( ) -  Fax: ( ) -		- 5 // RANGE = 1	
Responsible Official  6. Name and Title of Responsible Official:  Chris Mewdez President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) 894 - 5100  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	5.		
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6. Name and Title of Responsible Official:  Chris Mewdez President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) ESY - 5100 Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: Telephone:  () - Fax: () -	1.1111.200		Committee of the Commit
Chris Mewdez President  7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (407) 804 - 5100 Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -		Responsible Official	•
8. Responsible Official Telephone Number: Telephone: (407) 884 - 5100 Fax: ( ) -  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	6.	6. Name and Title of Responsible Official:	
8. Responsible Official Telephone Number: Telephone: (407) 884 - 5100 Fax: ( ) -  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -		Chris mender President	
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Telephone: ( ) - Fax: ( ) -		City. County: Zip Code:	
	11.	11. Facility Contact Telephone Number:	
		Telephone: ( ) - Fax: ( ) -	

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

Bureau of Air Monitoring & Mobile Sources

## BEST AVAILABLE COPY

## 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.

Тур	e of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	和新新聞	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
	mple	#1	03-OCT-93	12-NOV	93) #2 N	· 08-DEC-91		#3	·	02-MAR-9.
Dry	-to-Dry Unit						Color to the co	- Ye-	37.00	<u> </u>
	(1) w/ ref. condenser	#1	150C+8	1500	791					
	(2) w/ carbon adsorber		430	29,65	4,114					
111/0/	(3) w/ no controls		1500	if had	:177	17.	** .			<u> </u>
	sher Unit	<del> </del>		468777		949	199		90 - 23	<u> </u>
- 1	(4) w/ ref. condenser	<del> </del>	sal? Er.	7.	- <del> </del>		ļ <u>.                                    </u>			
21.2	(5) w/ carbon adsorber	┼	<del> </del>	ļ	55%		<del> </del>		ļ	
	(6) w/ no controls	<del> </del>	c'ri		15 25472	Marchbo."		1625		
	(7) w/ ref. condenser	<del> </del>		150000	474		4 774-	- 1 1 - 1	and the second	<u> </u>
2000	(8) w/ carbon adsorber	<u> </u>	ign-				<del></del>			
	(9) w/ no controls	├—	gla. Agai	<del> </del>			<del> </del>		-	<del></del> -
	aimer Unit				4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		AT Y		
	(10) w/ ref. condenser			### 0,000 ·	- 4555°	14 Carrent	T T		T	1.5
	(11) w/carbon adsorber	<del>                                     </del>		<del> </del> -			<del> </del>			
: 1	(12) w/ no controls		- 1.5		:3					
	Control devices are		ired but not	vet inctel	Ÿ.	1			<del>-</del>	
	No control devices	4	K		<b>∳</b> 1	]				
	What was the total of [132]  If less than 12 mont	gallo	ns ,	١.		purchased in	n the lates	t 12 mor	nths?	
	Check why it is less					] New store	:: [] [	oid not k	eep records:	
	nat is the facility's sordicate with an "X".			based on		itions found	d in sectio	n (3) of	Part II?	
	Existing small are Existing large are			The state of the s		all area sour  ge area sour	1.	<b>∠</b> i i		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	ΙX		
New large area source Refrigerated condenser		•	
			. ,
<ol> <li>A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un</li> </ol>	that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
		and Recordkeeping Inform	
Check all logs which are required to	o be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		
(b) Leak detection inspection and re	epair		( <del>大</del> )
(c) Refrigerated condenser temperat	ture monitoring	^	$\bowtie$
(d) Carbon adsorber exhaust perc co	oncentration mon	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		(X)

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)
$\swarrow$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	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 smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the tith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	hng May
	Me 1/97

Jul

1	DRY CLEANE	R AIR QUAI	LITY GENE	ERAL PERN	ΛIΤ		
	ANNUAL CO	OMPLIANCE	CERTIFICAT	TON FORM		70	
$\langle \mathcal{O} \rangle$		NC	AÌRS ID#0950338	Bureau of Air Monitoring & Mobile Sources	FEB 2 5 1998	ZECEIV	
		Do <u>NOT</u> Ren	nove Label	itorin Ses	ල්ව		
Annual Reporting Period:	7/19/	19	<u>97</u> то	2//9			_19 <i>_98</i>
Based on each term or condition 62-213.300, Florida Administration of the graph of	rative Code (F.A.C.), du	ring the period cov	ered by this state	ment. AYES		□NO	above:
Exact period of non-compliance	ee: from		to	<u> </u>			
Action(s) taken to achieve com	npliance:	·	_	_			_
Method used to demonstrate co	ompliance:		-	_			
#2. Term or condition of the g	eneral permit that has r	not been in continu	ous compliance d	uring the reportin	ig period	d stated a	above:
Every special above and income	C						
Action(s) taken to achieve con	npliance:						

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Ches mader

Name (Please Print)

Method used to demonstrate compliance:

Signature

<u>V//9/9%</u> Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

258807

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 23 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0950338

C.M.M. INC CHRIS MENDEZ 1595 N ROCK SPRINGS RD APOPKA FL 32712 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

NGM INC. D/B/A SPRINGS FASHION CLEANERS

000119

CHECK DATE:

01/19/97

CHECK NUMBER: 119

- AMOUNT:

\*\*\*\*\*\*\*50.00

PAID TO:

Dep. of Env. Prot.

FOR:

general air permit

ACCOUNT:

AMOUNT:

ACCOUNT:

AMOUNT:

6180

50.00

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

303367

Do NOT Remove Label

AIRS ID#0950338

C.M.M. INC CHRIS MENDEZ 1595 N ROCK SPRINGS RD APOPKA FL 32712 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 SFund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
·	
	U Postage \$

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TO THE RIGHT OF BETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	X Agent Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
10 AIRS 1D # 0950338001AG CHRIS MENDEZ	,
SPRINGS FASHION CLEANERS 1595 N ROCK SPRINGS RD APOPKA FL 32712	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)  7000 0520 0020 9372 2	<u> </u>
PS Form 3811, July 1999 Domestic Ret	

Z 333 E US Postal Service Receipt for Ce C.M.M. INC CHRIS MENDEZ 1595 N ROCK SPRINGS APOPKA FL 32712	AIRS ID 0950338	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom Date, & Addressee's Address	1,	
TOTAL Postage & Fees	\$	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date		

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on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional secomplete items 3, 4a, and 4b.  Print your name and address on the rever card to you.  Attach this form to the front of the mailpie permit.  Write "Return Receipt Requested" on the second the reverse and	se of this form so that we ce, or on the back if spac mailpiece below the articl	e does not e number.	1 also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	 ecelpt Service.
N ADDRESS completed on	3. Article Addressed to:  C.M.M. INC CHRIS MENDEZ 1595 N ROCK SPRINGS RD APOPKA FL 32712	AIRS ID 0950338	Ib. Service Registere Express I	Type  od DX Certified  Mail Insured  ceipt for Merchandise COD	ı –
ls your <u>RETURN</u>	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X  PS Form <b>3811</b> , December 1994	10:	8. Addressee and fee is	o's Address (Only if requested paid)  Domestic Return Receip	 Thank

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	
AIRS 10#: 0950338 DATE:	TIME IN: 1/30 TIME OUT: 1200	
FACILITY NAME: Spring Fashi	ion Cleaners & M. C.	
FACILITY LOCATION: 1595 N. RO	cksprings Rd. & Rd.	_
Apopka FL	- 32712 MODIFAIN 1840 O	
RESPONSIBLE OFFICIAL: Chris Ma	cksprings Rd. english Superings Rd. english Springs Rd. english Sp	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
New facility notified DARM 30 days prior to star	·	1
2. Facility failed to notify DARM to use general per	rmit 🚨	
		1
PART II: CLASSIFICATION		l
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	2. Now awall area aware	
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	1
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x \le 140$ gal/yr (constructed on or after 12/9/91)	Í
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, $140 \le x \le 2,100$ 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)	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a galaxy.	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) $\square$	

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorocthylene 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

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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  $\Lambda$  and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- Equipped all machines with the appropriate vent controls?
   Equipped dry-to-dry machines with a closed-loop vapor venting system?
   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/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?

UY UN

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?	ĽΊΥ	UN	•
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	-CIY	ÜИ	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	,		
	if machines are equipped with a carbon adsorber?	ΠY	ПИ	□N/V
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШN	UN/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?	ÜΥ	ШN	□N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП٠	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	, PIY DN
2. Maintained rolling monthly total of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs7 or;	אואם אם אבל
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO VE
4. Maintained calibration data? (for applicable direct reading instruments)	מא מוא אום אם
5. Maintained exhaust duct monitoring data on pere concentrations?	DY DAN DANIA
6. Maintained startup/shutdown/malfunction plan?	MI YEL
7. Maintained deviation reports?	DY ON DINA
Problem corrected?	עומדי מה גם
8. Maintained compliance plan, if applicable?	מא שמ אוע

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?			ETY UN			
2.	Has the facility maintained a leak log?			DN ON			
3.	. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	אואם אם ציבּנ	Muck cookers	EN ON ON/A			
	Door gaskets and scating	איאם אם איא	Stills	DY ON ON/A			
	Filter gaskets and scating	אואם אם צוש,	Exhaust dampers	DA CIN CIN/V			
	Pumps	אואם אם צאַ	Diverter valves	DAY CIN CIN/A			
	Solvent tanks and containers	אוחם אם אינג	Cartridge filter housings	MY ON ON/A			
	Water separators	BY CIN CINIA					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)	1					
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	а			
	Halogen leak detector		:				
	If using direct-reading insti	rumentation, is the equip	pment:	.EN/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ПА ПИ			
	ic. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON			
Ĭ	d. Kept in a clean and s	secure area when not in u	sc7	CIY CIN			

ASSEFA HAILEMARIAM	11/19/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

c. Verified for accuracy by use of duplicate samples (calorimetric only)?

□Y □N

ADDITIONAL SITE INFORMATION:	
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No.	
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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1/30	TIME OUT: 1200	AIRS 1D#: 0950338	
TYPE OF FACILITY: Dry	Cleaner		
FACILITY NAME: Socio	g Fashion Cleaners	SDATE: ///19/9	78
FACILITY LOCATION: 159		Rd.	
Apo	opka FL 32712		
RESPONSIBLE OFFICIAL:		PHONE NUMBER: 407-884-5100	
compliance with DEP Ru  Based on the results of th	le 62-213.300, Florida Administra e compliance requirements evaluat	ted during this inspection, the facility is found to be in tive Code (F.A.C.).  ted during this inspection, the following compliance	
discrepancies were noted COMPLIANCE REQUI		FOLLOW-UP ACTION REQUIRED	
	TELLING TO THE TELLING	TODEOW OF NOTION IDEAS	
		· C	
		Su No C	
		Sur My C. A. Mobile State of the State of th	
		Out on the contract of the con	
		<b>%</b> %	
		Marie V. California	
			• • •
	· - · · · · · · · · · · · · · · · · · ·		:
COMMENTS:	<u> </u>		
	FACILITY.	IN COMPleance	
The Annual Compliance Certifica	tion form has been properly certific	ed and submitted to the inspector. YES NO	}
DATE OF NEXT INSPECTION		19/99	
INSPECTION CONDUCTED E	Y: ASSS FA HAZ	proximate)  LEMARIAM  ease Print)	
INSPECTOR'S SIGNATURE:	worch Heilen	19 05 PHONE NUMBER: 407 - 836.	932
*	Page_	of 1. Revised	d 10/96

Orange Cou	ınty Environmeı	ntal Protec	A . / .	
AIRS 1D#: 0950338  DRY CI ANI	LEANER AIR QUAI NUAL COMPLIANCE	LITY GENE	RAL PERMIT ION FORM	Revised 10/10/96  SEP - 8 1999
FACILITY NAME: Spring 150 FACILITY LOCATION: 150	g Fashion Clec 15 N. Apopka opka , FL 327	Road 112	PF	ATE: 2/3//99
Annual Reporting Period:	10/29	19_97 то _	11 / 19	19 98
Based on each term or condition of the 62-213.300, Florida Administrative C		-	<u> </u>	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general	permit that has not been in co	ntinuous complian		g period stated above:
Exact period of non-compliance: from	m		toSEP	2 8 1999
Action(s) taken to achieve compliance	e:			of Air Monitoring
Method used to demonstrate complian	nce:		E. Mc	obile Sources
#2. Term or condition of the general	permit that has not been in co	ontinuous complian	ce during the reporting	g period stated above:
Exact period of non-compliance: from	n	to	)	
Action(s) taken to achieve compliance	e:			
Method used to demonstrate complian	nce:			
As the responsible official, I hereby considering this notification are true, accupon rolling averages of purchase received for transfer or combination facility.	curate and complete. Further, ceipts, does not exceed 2,100	my annual consum	nption of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL:	Cheis mende		The off	<u> </u>
-	Name (Please Print)		Signature	' Date'
*This form is made available to you a discretion of the responsible official to	s an aid in order to meet your o use this form.	annual compliance	e certification requiren	nents. It is at the

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Œ	COMPLAINT/DIS	COVERY		
	RE-INSPECTIO	и 🗅			e •	P
AIRS ID#: 095 0338	_ (	_		ME OUE _	賽0	C
FACILITY NAME:Spr				of Air	<del>ري</del>	-
FACILITY LOCATION:	۸ .	lock Spri	ngs Rd.	Monitori Sources	1999	_
	Apopka,	FL .	32712	<u> </u>	Fina	<u> </u>
RESPONSIBLE OFFICIAL:	Chris	Mendez	_PHONE: _ <u>40</u> /	7-884≌	5100	) -
CONTACT NAME:			PHONE:	•		_
PART I: NOTIFICATION		:			-	
(check appropriate box)						
1. New facility notified DARM	30 days prior to start	ťup				
2. Facility failed to notify DAR	M to use general per	mit			. 0	
PART II: CLASSIFICATION	1				<del></del>	
Facility indicated on notificati	on form that it is:		☐ No notification	form		
(check appropriate box)		•	☐ Drop store/out o	f business/pe	troleum	.
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)		transfer only, x both types, x <	, x < 140 gal/yr < 200 gal/yr	ď		· · · . [
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	100 gal/yr 0 gal/yr gal/yr	transfer only, 29 both types, 140	rea source , $140 \le x \le 2,100 \text{ gal/}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	□ ′yr	·.	
5. This is a correct facility cl	assification	UN ON	☐Can not determine	16		
	ty qualified for a gen	eral permit as nu	mber aborgible for a general per			
B. The total quantity of perchlo facility was \\ \frac{134}{2} \text{ gallons.}		rchased within th	e preceding 12 month	is by this dry	cleaning	5

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? EY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ØY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN MYA 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	:
Measured and recorded the exhaust temperature on the outlet side of the condense on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contractions is at least 8 duct diameters downstream of any bend, contractions is at least 8 duct diameters.	on,
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

P	ART VI: LEAK DETECTION AND I	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	nd repair
	inspection?			tary on
2.	Has the facility maintained a leak log?			ON ON
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ɗy □n □n/a
	Door gaskets and seating	DY ON ON/A	Stills	CHY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	EY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	BY ON ONA		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surface	es)	
	Physical detection (airflow felt th	rough gaskets)	•	<b>u</b>
	Odor (noticeable perc odor)			ū
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector	•	•	<b>u</b>
	If using direct-reading instr	umentation, is the equip	oment:	<b>E</b> IN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	QY QN
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON
			<u> </u>	<u>.                                    </u>
_	·			

Ilka Bundy	10/25/99
Inspector's Name (Please Print)	Date of Inspection
Ilka Bund	10/25/2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SIT	TE INFORMATION:
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## **Orange County Environmental Protection Department**

ARMS 11/1/99 JD

AIRS 10#: 0950338

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spring Fashion  FACILITY LOCATION: 1595 N. Roc  Apopka, FL	Cleaners	DATE:	10/25/99
FACILITY LOCATION 1595 N. ROC	K Springs Rd		
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22712		
/tpopka,FL	32112		
Annual Reporting Period: No V. 19	19 98 то	Oct 25	1999
Based on each term or condition of the Title V general	air permit, my facility has remained ir	ı compliance with DEI	P Rule
62-213.300, Florida Administrative Code (F.A.C.), dur			□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has no	ot baan in continuous conniliance duri		1.4.4.1.1
#1. Term of continuon of the general permit that has he	ot occu in continuous compitance duri	ig the reporting period	i stated above:
· · · · · · · · · · · · · · · · · · ·			
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			
vo to the state of the state of			
#2. Term or condition of the general permit that has no	ot been in confinuous compliance duri	ig the reporting period	I stated above:
Exact period of non-compliance: from	to	· .	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
	<u> </u>		
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple			
upon rolling averages of purchase receipts, does not ex			
year for transfer or combination facilities.	$\mathcal{U}_{-}$	9 1	11/100
RESPONSIBLE OFFICIAL: GERAPAO ME	NOEZ Sum /h	will !	10/25/99
Name (Please	Print) Sign	ature	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📝 COMP	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1000	TIME OUT: 10 30	AIRS ID#:	0950338
TYPE OF FACILITY: Dry	Cleaner	ellik dibi danilik Malailik ing yangsagnari d <sup>anili</sup> ya dibi disalah sapayanan ya ya <del>ng</del> a nayan ya	
FACILITY NAME: Spring			DATE: 10/25/99
FACILITY LOCATION: 159		Rd.	
· · · · · · · · · · · · · · · · · · ·	opka, FL 32712		1107 COIL F100
RESPONSIBLE OFFICIAL:	Chris Mendez	PHONE NUMBER	x: <u>407-884-5100</u>
compliance with DEP R	ne compliance requirements evaluate ule 62-213.300, Florida Administrat	ive Code (F.A.C.).	
discrepancies were noted	~**		
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
			_
			,
		·	· 
· V			
	,		
COMMENTS:			
Facility in (	compliance	•	
The Annual Compliance Certification	ntion form has been properly certifie		or. YES NO
DATE OF NEXT INSPECTION	N: 10/25/	2000 roximate)	
INSPECTION CONDUCTED	BY: Ilka Bung	dy	
INSPECTOR'S SIGNATURE:	1// 2 /	ase Print) PHONE NUMBE	r: 836-1400
	Page_/	of	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISC	OVERYO C	
	RE-INSPECTION			, ~	`
AIRS ID#: 0950338	DATE: 10-27-00	TIME IN	: <u>1050</u> <b>TIM</b>	EQUT: 160E	5/1
FACILITY NAME: Spr	ing Fashion	Cleane	<u>rs</u>	Mobile All Sign	
FACILITY LOCATION:\	595 N. Rocl	k Spr	ngs Rd.	Sources on	20
П	Apopka, FL				
RESPONSIBLE OFFICIAL :	Chris Mende	22	PHONE: 407-8	84-5100	<u> </u>
CONTACT NAME:			PHONE:		-   b.27-00
					@0930
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup			C	<b>-</b>
2. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION	(				
Facility indicated on notificati	on form that it is:		☐ No notification fo		
(check appropriate box)  A.			Drop store/out of		- X
Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr	yr dry- tran	sfer only, x <	x < 140 gal/yr < 200 gal/yr	is is a second	<u>d</u> ])
both types, x < 140 gal/yr (constructed before 12/9/91)		h types, $x \le 1$ instructed on (	40 gal/yr or after 12/9/91)	<u>Ino</u>	tes
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	100 gal/yr dry- 0 gal/yr tran gal/yr both	nsfer only, 20 h types, 140	ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility cl	assification	r 🗀 N	□Can not determine		
☐ facili☐ fac		permit as nu nd is not elig	ible for a general perm	nit	ning
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 scaled and impervious containers?	OY ON ON/A		
2. Examining the containers for leakage?	מאום אם אום		
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?	מארם אום אים		
Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refri (complete A below).	gerated condenser		
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)	<b>3:</b>		
Equipped all machines with the appropriate vent controls?	OY 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 airtlow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON		

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?	DY DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		N/A
ľ	Is the temperature differential equal to or greater than 20° F?	ם אם צם	N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle white the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ם אם אם	Ν/Λ
 	Is the perc concentration equal to or less than 100 ppm?	ם אם אם	N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON O	IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם עם	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON O	N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	· · · · · · · · · · · · · · · · · · ·
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	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?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	מט צם
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	
8. Maintained compliance plan, if applicable?	A/אַנָּט אָנּם אָנּט

	IRI VI: LEAK DETECTION AND	TEL AUS			
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection ar	ıd repair	
	inspection?			OY ON	
2.	Has the facility maintained a leak log	?		OY ON	
3.	Does the responsible official check th	e following areas for leaks	<b>5?</b>		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ONA	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	אותם אם צם	
	Water separators	OY ON ON/A		••	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)		
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	a			
	Halogen leak detector		·	<b>a</b> .	
	If using direct-reading ins	trumentation, is the equip	pment:	□N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			מם עם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□У □И	
	e. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in us	se?	DY DN	
	e. Verified for accura-	cy by use of duplicate sam	ples (calorimetric only)?	DY ON	
	Ilka Bundy 10-27-2000				
	Inspector's Name (Please Pr	rint)	Date of Inspection		
	Mr. Rund		N/A		
	Inspector's Signature)		Approximate Date of	Next Inspection	

### ADDITIONAL SITE INFORMATION:

Facility is no longer using perchloroethylene.

DEC 1999 - JAN 2000: Got rid of perc

machine in Store

Use DF 2000 Now (petroleum);

(since JAN. 2000)

TYPE OF INSPECTION: AIRS ID#: 095033 00DATE: 616197 TIME IN: 1100 TIME OUT: 1200 FACILITY NAME: Hilton & Walt Disney World Village FACILITY LOCATION: 1751 Hotel Plaza Blud

PARTI: NOTIFICATION		The arrangement of the control of
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		4
2. New facility notified DARM 30 days prior to startup	t	CI <sub>.</sub>
3. Facility failed to notify DARM to use general permit		U
1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit	!	വ് വ വ

Orlando Fl 3.2830

Facility indicated on notification form t	hat it is:		
(check appropriate box)			
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	U	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>o</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,>	o	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 classification		DÍA CIN	
If no, please check the appropriate class	sification:		
		mit as numberabove is not eligible for a general permit	

Revised 10/28/96

### **BEST AVAILABLE COPY**

# 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? 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)

N.		/
I	1. Equipped all machines with the appropriate vent controls?	MY UN
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	LAY CIN CIN/A
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	CHY CIN CIN/A
	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	שע עט אָט אַט
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	uv un
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	UY WN

### **BEST AVAILABLE COPY**

R	Has the reconcible official of	<del></del>		المستحننطاندعند
ν.	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	CIN	
2.	Measured and recorded the washer exhaust temperature at the condenser infet and outlet weekly?	ЦY	ПN	
	Is the temperature differential equal to or greater than 20" F7	ÜΥ	ПИ	
3.	Measured and recorded the pere 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?	1.337	(3)	13517
	A materials are equipped with a carroon ausgroup	ПY	LIM	ÜN/A
	Is the pere concentration equal to or less than 100 ppm?	ÜΥ	UN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		ПИ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜY	UN	ÜN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	UΥ	UN	אאנט

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	שט אש
2. Maintained rolling monthly averages of perc consumption?	CIY WV
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	UY UN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י טאט אט
4. Maintained calibration data? for direct reading instruments only	CIA CIM RIMVY
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY_LIN A/A
6. Maintained startup/shutdown/malfunction plan?	WY UN
7. Maintained deviation reports?	רוז תא
Problem corrected?	LIY LIN
8. Maintained compliance plan, if applicable?	עאַט אט אָט

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?

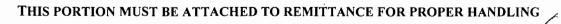
UY UN

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71-Z-E		*				
2.	Which method of detection is used by the	responsi	ble offic	ial?		]
	Visual examination (condensed sol	vent on e:	xterior s	urfaces)	G/	
	Physical detection (airflow felt thro	ugh gask	cts)		ıs 🔎	
	Odor (noticeable pere odor)				14	
	Use of direct-reading instrumentati	он (ЕНЭЛ	410/calo	rimetrie tubes)	l_1	
	If using direct-reading instrumen	itation, is	the equ	ipment:		
	a. Capable of detecting po	ac vapor	concenti	ations in a range of 0-500 ppm?	CD (B	4
	b. Calibrated against a sta (PID/FID only)?	ındard ga	s prior t	•	LIY LII	1
	c. Inspected for leaks and	obvious :	signs of	wear on a weekly basis?	OY U	4
	d. Kept in a clean and sec				ay a	4
	e. Verified for accuracy to	y use of d	Iuplicate	samples (calorimetric only)?	CIY CII	N /
3.	Has the facility maintained a leak log?	•	·	. ,	LIY LI	1
4.	Does the responsible official check the f	ollowing	areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	ΘY,	אט	Muck cookers	ELY ,	ΠИ
	Door gaskets and seating	tzlΥ	ШN	Stills	צט	ИÜ
	Filter gaskets and seating	CYY.	ИП	Exhaust dampers	CIY,	CIN
	Pumps	CYY	ПN	Diverter valves	ĽYY/	CIN
	Solvent tanks and containers	Cly /	ПN	Cartridge filter housings	Tary	ИП
	Water separators	EY	HC			

		•
. ;	Name of Responsible Official	
	Todd Fletcher	
	Inspector's Name (Please Print)	Date of Inspection
		12/6/97
	Inspector's Signature	Approximate Date of Flext Inspection

1131



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

Do NOT Remove Label

AIRS ID # 0950338

SPRINGS FASHION CLEANERS CHRIS MENDEZ 1595 N ROCK SPRINGS RD APOPKA FL 32712

TOTAL AMOUNT DUE: \$50.00 CEIV 8 Ureau of Air Constant USE ONLY Org.: \$75501010000, EO: B1
Fund: 20-2-685001

C.M.M. INC D/B/A SPRINGS FASHION CLEANERS

Department of Environmental

1131 Check Number:

Feb 22, 2000 Check Date:

Check Amount: \$50.00

Amount Paid Discount Taken

Item to be Paid - Description 50.00

Licenses

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354961

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

# TOTAL AMOUNT DUE: \$50.00 RECEIVED

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AIRS 1D # 0950338

SPRINGS FASHION CLEANERS CHRIS MENDEZ 1595 N ROCK SPRINGS RD APOPKA FL 32712 DEC 2 8 1998

Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT OF ONE OF STREET OF S

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PS Form								

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 0950338 SPRINGS FASHION CLEANERS CHRIS MENDEZ	A. Received by (Please Print Clearly)  B. Date of Delivery 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
1595 N ROCK SPRINGS RD APOPKA FL 32712	3. Service Type Certified Mail
2. Article Number (Copy from service label)  233 667 26	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

	Z 094 2 US Postal Service Receipt for Cel SPRINGS FASHION CHRIS MENDEZ 1595 N ROCK SPRIN APOPKA FL 32712	AIRS ID # 0950338 CLEANERS
	Postage	\$
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	Special Delivery Fee	
2	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 0950338</li> <li>SPRINGS FASHION CLEANERS</li> <li>CHRIS MENDEZ</li> <li>1595 N ROCK SPRINGS RD</li> <li>APOPKA FL 32712</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery 26 CC  C. Signature    Agent   Addressee   Addressee   Addressee   Addressee   No    If YES, enter delivery address below:   No    3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2 094 212 457	4. Restricted Delivery? (Extra Fee)

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