

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Gary Capuano President First Class Cleaner, Inc. 223 North Orange Blossom Trail Orlando, Florida 32805

Re: Facility I.D. No. 0950344

Dear Mr. Capuano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 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"

Bowman, Sandy

From:

Sent:

Ilka Bundy@co.orange.fl.us Wednesday, October 31, 2001 3:00 PM

To: Cc: Subject:

Butler, Rick Bowman, Sandy Dry Cleaner Update

Hello Rick!

First Class Cleaners, AIRS ID # 0950344, has a new R.O.: Tom Hudeons.

Dry Clean USA, AIRS ID # 0950352, is out of business.

These were discovered during their Annual Inspections. Also, I must have accidentily entered an Inspection twice for First Class Cleaners, 0950344, in ASGP. Can you or Sandy please delete one of the inspections for Oct. 30, 2001?

Thanks!!!

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

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PERCHLOROETHYLENE DRY CLEANERS DEU 5 TITLE V GENERAL PERMIT

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	INSPECTION CHECKLIST Bureau of Air Monitoring Mobile Sources ON D ON D ON D ON D D D D D D D D D D D D D
	1.30 TIME OUT: 200
FACILITY NAME: 1-115t Clas	ss Dry Cleaner
	J. Ovango Blossom Trail
	o Fl 32905
RESPONSIBLE OFFICIAL: Gary C	0 F/ 32905 apuano PHONE: 407 481-2000
	PHONE:
	·
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup \square
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
	ication: eneral permit as number above mits 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 1413 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?	DY ON ON/A		
2. Examining the containers for leakage?	DY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	QY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/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 refrig (complete A below).	crated 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)			
1. Equipped all machines with the appropriate vent controls?	DY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY 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?	OMÝ □N		
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?	DY 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?		ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□Ń/A
	Is the temperature differential equal to or greater than 20° F?	ΩУ	ПN	DAN/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?			ENIA
	Is the perc concentration equal to or less than 100 ppin?	\Box Y	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		-	
	or expansion; and downstream from no other inlet?	ЦΥ	ПИ	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	EZN/A

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

			÷			ç.
P.A	ART VI: LEAK DETECTION AND R	EPAIRS				
l.	Does the responsible official conduct a v	veekly (for s	mall sources, b	i-weekly) leak detection an	ıd repai:	r ·
	inspection?				ΩĄ	□И
2.	Has the facility maintained a leak log?				D Y	ПN
3.	Does the responsible official check the f	ollowing are	eas for leaks?			
	Hose connections, fittings, couplings, and valves	БУ ОИ	□N/A	Muck cookers		IN □N/A
	Door gaskets and seating	DY DN	□N/A	Stills		ON □N/A
	Filter gaskets and seating	ωγ □n	□N/A	Exhaust dampers		ON □N/A
	Pumps	DY □N	□N/A	Diverter valves		N □N/A
	Solvent tanks and containers	DX □N	□N/A	Cartridge filter housings		N/A ⊓N/A
	Water separators	NO YO	□N/A			
4.	Which method of detection is used by the	ne responsib	le official?		,	
	Visual examination (condensed so	olvent on ext	erior surfaces)			
	Physical detection (airflow felt thr	ough gasket	.s)			
	Odor (noticeable perc odor)					
	Use of direct-reading instrumental	tion (FID/PI	D/calorimetric	tubes)		
	Halogen leak detector			•		
	If using direct-reading instru	umentation	, is the equipm	ent:	□N/A	
	a. Capable of detecting p	erc vapor c	oncentrations in	n a range of 0-500 ppm?	□Y (РИ
	b. Calibrated against a st	tandard gas	prior to and aft	ter each use		
	(PID/FID only)?				□Y (Л
	c. Inspected for leaks an	d obvious si	gns of wear on	a weekly basis?	□Y (אכ
	d. Kept in a clean and se	ecure area w	hen not in use?)	□Y (N
	e. Verified for accuracy	by use of du	plicate samples	s (calorimetric only)?	□Y (⊃и
	MINISTER STREET, A Str W. C. A. C. A.		W. Savor	NECON LABORATO		

Inspector's Name (Please Print)

Date of Inspection

Date of Next Inspection

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30 TIME OUT: 2:	00 AIRS ID#: 0950344
TYPE OF FACILITY: Dry Clocker	Control of the Contro
FACILITY NAME: FIVE CLASS DIV	Cleans DATE: 10/22/97
FACILITY LOCATION: 223 N. Over	mes Blossom Trail
Ovlando Fl	57805
RESPONSIBLE OFFICIAL: Cara Cara an	PHONE NUMBER: 407 481- 2000
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admin	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	UEC 5 1997
	Bureau of Air Monitoring
	& Mobile Sources
- ·	,
COMMENTS:	
Facility in	compliance
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10/27	198
INSPECTION CONDUCTED BY:	(Approximate) Fletcheky (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Street Address: 223 N ORANGE BLOSSOM TRAIL City: ORLANDO County: Zip Code: 32805 Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: CARY CAPUANO, PRESIDENT Responsible Official Mailing Address: Organization/Firm: FIRST CLASS CLEANED INC Street Address: 223 N. ORANGE BLOSSOM TRAIL City: ORLANDO County: Zip Code: 72805 Responsible Official Telephone Number: Telephone: (401) 481-2000 Fax: (407) 648-8167 Facility Contact (If different from Responsible Official)		racinty Name and Location
Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: FLD 984250 100 FLD 984250 100 Facility Location: Street Address: 223 N ORANGE BLOSSOM TRAIL City: ORLANDO County: ORANGE 32805 Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: CARY CAPUANO, PRESIDENT Responsible Official Mailing Address: Organization/Firm: FREST CLASS CLEANDE INC Street Address: 223 N, ORANGE BLOSSOM TRAIL City: ORLANDO Responsible Official Telephone Number: Telephone: (407) 481- 2000 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: Facility Contact Telephone Number:	1. F	acility Owner/Company Name (Name of corporation, agency, or individual owner):
Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: FLD 984250 100 FLD 984250 100 Facility Location: Street Address: 223 N ORANGE BLOSSOM TRAIL City: ORLANDO County: ORANGE 32805 Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: CARY CAPUANO, PRESIDENT Responsible Official Mailing Address: Organization/Firm: FREST CLASS CLEANDE INC Street Address: 223 N, ORANGE BLOSSOM TRAIL City: ORLANDO Responsible Official Telephone Number: Telephone: (407) 481- 2000 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: Facility Contact Telephone Number:		FIRST CLASS CLEANER INC
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Street Address: 223 N ORANGE BLOSSOM TRAIL City: ORLANDO County: Zip Code: 32805 Facility Identification Number (DEP Use): ORANGE BLOSSOM TRAIL Responsible Official Name and Title of Responsible Official: CARY CAPUANO, PRESIDENT Responsible Official Mailing Address: Organization/Firm: FIRST CLASS CLEANER INC. Street Address: 223 N. ORANGE BLOSSOM TRAIL City: ORLANDO County: Zip Code: 32805 Responsible Official Telephone Number: Telephone: (407) 481-2000 Fax: (407) 648-8167 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: County: Zip Code: Facility Contact Telephone Number: Zip Code: Zip		FLO 984250 100 TO NEW LOCATION APPLYING FOR NEW ID#
City: ORLANDO County: ORANGE Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: CARY CAPUANO, PRESIDENT Responsible Official Mailing Address: Organization/Firm: FIRST CLASS CLEANER INC Street Address: 223 N. ORANGE BLOSSOM TRAIL City: ORLANDO Responsible Official Telephone Number: Telephone: (401) 481-2000 Fax: (401) 648-8167 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: Facility Contact Telephone Number:	1. F	acility Location: Street Address: 22.2 A/ ORANGE BLOSSOM TRAIL
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Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:		esponsible Official Telephone Number:
Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:	Т	elephone: (407) 481-2000 Fax: (407) 648 - 8167
Street Address: City: County: Zip Code: Facility Contact Telephone Number:	-	Facility Contact (If different from Responsible Official)
Street Address: City: County: Zip Code:). N	lame and Title of Facility Contact (For example, plant manager):
City: County: Zip Code: Facility Contact Telephone Number:	0. F	acility Contact Address:
. Facility Contact Telephone Number:	S	treet Address:
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Telephone: () - Fax: () -		
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Bureau of Air Monitoring & Mobile Sources

#0950344

	# 095 0344
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· · · · · · · · · · · · · · · · · · ·	
	First Class Cleaner
- 11/4	1/2) 2 1 1 /2/2/2 2 4 /
P.14	1.(a) add date(s) control
	device(s) installed on 1993
	machine and on 1986
	machines if any
,	machines, if any 1.(c) mark out "V" and initial
DK	Ill about of he was the an area
-p./5	4 should be new large area
	Source W/restrig. Con.
	5.(d) not required if all
	machines have a refrig.
	con., mark out "V" and initial
;	cent, mark out v and truttat
	
	†
,	

Facility Information

(1.a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable. Date Date Date Date Date Date Machine Control Machine Control Machine Control Initially Device Initially Device Initially Device Type of Machine Purchased Installed Purchased Installed Purchased Installed Example 03-OCT-93 12-NOV-93 08-DEC-91 02-MAR-92 02-MAR-92 Dry-to-Dry Unit RENZACCI MIRACLEAN AJAX (1) w/ ref. condenser 1986 1986 1993 (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [____] (c) No control devices are required to be installed [2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [/4/3.9] gallons (b) If less than 12 months, how many? [____] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [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.)

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Existing small area source [____]

Existing large area source

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New small area source

New large area source

(Indicate with an "X".)		
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source		
Refrigerated condenser []	~	~
	20 ab 11 ab 12 22 ab 23	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and		
exemption criteria or that no such units exist on-site:	-	
All steam and hot water generating units on-site (1) h boiler HP or less), and (2) are fired exclusively by na during which propane or fuel oil containing no more	tural gas except for periods of natur	BTU/hr or less (298 al gas curtailment
All steam and hot water generating units exempt No such units on-site		* 1
	<u> </u>	
	·	
	•	
·		•
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 moni		,
(e) Instrument calibration	· · · · · · · · · · · · · · · · · · ·	

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Surrender of Existing Air Permit(s)

-		
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
	Tacinty indicated in any notification form, specimently, permit named (a)	
 .		
Ľ\	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
	and the same of th	
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the fac fication. I hereby certify, based on information and belief formed after reasonab ts made in this notification are true, accurate and complete. Further, I agree to the air pollutant emissions units and air pollution control equipment described with all terms and conditions of this general permit as set forth in Part II of this n	le inquiry, that the operate and — above so as to
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonab ts made in this notification are true, accurate and complete. Further, I agree to the air pollutant emissions units and air pollution control equipment described	le inquiry, that the operate and above so as to otification form.

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First Class Cleaner

		p.14 1.(a) add date(s) control	
1.	Facility C	device(s) installed on 1993	
_		machine and on 1986	
2.	Site Nam	machines, if, any	·.
3.	Hazardou	1 (a) harry k aut little and in the	:
5.	114241000	D.15 4. Should be new large area	VED
4.	Facility L	Source W/restrig. Con.	TD#
	Street Ad	5.(d) not required if all	
	City:	machines have a refrig.	-
5 .	#Facility Id	cen., mark out "V" and initial	->
- Y			
	-	178 1920 2122 23 32 32 32 32 32 32 32 32 32 32 32 3	
6.	Name and	18 19 70 21 22 33 30 33	
Ο.	GA	[NUN 1996] []	
7.	Responsib	Z [MILE 8]	-
•	Organizati		-
	Street Add City:	C. III.	
	<u>. </u>	C. W. S.	- <
8.	Responsibl Telephone:		
9.	Name and T	Fitle of Facility Co (F	
	ivanic and	Fitle of Facility Contact (For example, plant manager):	1
10.	Facility Cor	ntact Address:	
	Street Addre	(mut)	
	Street Addre		·
11	Facility Ca-	S.P Code.	,
	raciity Con Telephone:	tact Telephone Number:	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

ı.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FIRST CLASS CLEANER, INC
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
٦.	Hazardous waste Generator Identification Number. Finding Just Moved
	Hazardous Waste Generator Identification Number: FLD 984250 100 Facility Just Moved TO NEW LOCATION APPLING FOR NEW IDEN Facility Location:
4.	Facility Location: Street Address: 223 N ORANGE BLOSSOM TRAIL
	City: ORLANDO County: Zip Code: 32805
5 .	Facility Identification Number (DEP Use):
	0950344
	Responsible Official
6.	Name and Title of Responsible Official:
	GARY CAPUANO, PRESIDENT
7.	Responsible Official Mailing Address.
	Organization/Firm: FIRST CLASS CLEANER INC
	Street Address: 223 N. ORANGE BLOSSOM TRAIL City: County: Zip Code:
	City: ORLANDS County: Zip Code: 32805
8.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Telephone: (407) 481- 2020 Fax: (407) 648 - 8167
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
. 10.	Street Address: Sixwitz
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
- • •	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		RENZACIO	-/		MIRA CLE			AJAX	
(1) w/ ref. condenser		1986	1986		1986	1986		1993	1997
(2) w/ carbon adsorber				ĺ					<u> </u>
(3) w/ no controls									
Washer Unit			•		•	•	•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									T
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			· ·						
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are-ro quant gallo	equired to be ity of perchl ons ow many? [oroethylene ((perc)					
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classif	ication only.))	initions found		3) of	Part II?	•
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce 🔏]		

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 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of	Part II of this n	otification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	60	
New small area source Refrigerated condenser []	·		
New large area source Refrigerated condenser	~		<i>:</i>
		· '	
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) hoiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	hot water generating un have a total heat input of natural gas except for peri	its on-site meet 10 million BTU ods of natural g	the following //hr or less (298
All steam and hot water generating units exempt No such units on-site			
		·	
Equipment Monitoring a	nd Recordkeeping Info	rmation	
Check all logs which are required to be kept on-site i	n accordance with the re	quirements of t	nis general permit:
(a) Purchase receipts and solvent purchases			
(b) Leak detection inspection and repair	•		
(c) Refrigerated condenser temperature monitoring		ر ک	
(d) Carbon adsorber exhaust pere concentration mon	Noring	-{v/	
(e) Instrument calibration	•	$[\mathcal{V}]$	
(f) Start-up, shutdown, malfunction plan			

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ.	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the Is 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
this notif statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the Is 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
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the Is 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
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state of this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state of this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state of this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 930 TIME OUT:	AIRS ID#: 0956 344
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: FIVST Class Dry	Cleaner DATE: 2/18/97
	nge Bloss Trail
Ovlando F1	32805
RESPONSIBLE OFFICIAL: Gary Caphana	PHONE NUMBER: 481 - 20∞
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perc consumption	51x month reinspection
No Leak Detection Log	11 11 11
No corrective Action Log	n n
No Refrig Condenser Log	11
Haz Containers Not sealed	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES , NO
DATE OF NEXT INSPECTION: X //S	pproximate)
INSPECTION CONDUCTED BY:	Fletcher
	Please Print) PHONE NUMBER: (407) 836 9524
Page	of . Revised 10/9



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N 🗆	COMPLAINT/E	DISCOVERY	
AIRS ID#: <u>0950 344</u> I FACILITY NAME:	· · · · · · · · · · · · · · · · · · ·			TIME OUT: _	
FACILITY LOCATION:	_				
	Ovlando	FI	328 65		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DAF	LM by 9/1/96				
2. New facility notified DARM:	30 days prior to star	tup			
3. Facility failed to notify DARM	$m{A}$ to use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:				
1. Existing small area sourdry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		transfer only, both types, x	ly, x<140 gal/yr x<200 gal/yr		
3. Existing large area sourdry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" ga<br="">200<x<1,800 gal="" y<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr gal/yr	transfer only, both types, 14	e area source ly, 140 <x<2, 100="" ga<br="">200<x<1,800 gal="" y<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classifi	cation	DY ON			
If no, please check the appropr	iate classification:				
	ied for a general per Is above limits and i				
B. The total quantity of perchlo facility was 1413.9 gallons		ourchased withi	n the preceding 12	nonths by this d	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PANA 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? "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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ay on condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ©N □N condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ØN
	Is the temperature differential equal to or greater than 20° F?	OY QN
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY NO Y/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?	אן אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OMA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DAYA
-		
l D		
F	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
(c	as the responsible official:	DY ON
(c)	as the responsible official: heck appropriate boxes)	DY DN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY DN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY DN DY DN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY ON OY ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	OY ON ON/A
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	DY DN PN/A
H (c 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	OY ON DON/A
H (c 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON PON/A
H (c 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON EN/A OY ON N/N EY ON
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON WAYA
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON WAYA OY ON OY ON OY OX
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON PAN/A OY ON OY ON OY ON

2. Which method of detection is used by	the respon	sible offici	al?	/	
Visual examination (condensed s	Ø,				
Physical detection (airflow felt th					
Odor (noticeable perc odor)					
Use of direct-reading instrument	ation (FID	/PID/calo	rimetric tubes)		
If using direct-reading instrum	entation,	is the equ	ipment:		
a. Capable of detecting	perc vapo	r concentr	ations in a range of 0-500 ppm?	DY [NC
b. Calibrated against a (PID/FID only)?	standard g	gas prior to	and after each use	UY C	ИС
c. Inspected for leaks a	nd obviou:	s signs of	wear on a weekly basis?	CIY C	NC
d. Kept in a clean and	secure area	a when no	t in use?	UY C	Ŋ
e. Verified for accuracy	y by use of	duplicate	samples (calorimetric only)?	□Y 0	⊃N /
3. Has the facility maintained a leak log	?			DY DX	
4. Does the responsible official check the	c following	g areas for	leaks?		
Hose connections, fittings, couplings, and valves		ПΝ	Muck cookers	ΔY.	ПN
Door gaskets and seating	ĽY	ПΝ	Stills	ΩY	ПΝ
Filter gaskets and seating	ďΥ	ПИ	Exhaust dampers	ΔY	ПИ
Pumps	ΠY	□И	Diverter valves	ZYY/	ПΝ
Solvent tanks and containers	dy	ПΝ	Cartridge filter housings	CZY	ПИ
Water separators	άY	ПN			
Name of Responsible Office Todd Fletcher	cial		•		
Inspector's Name (Please P	rint)		Date of Insp		
Inspector's Signature			Approximate Date of	Next I	nspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM F

AIRS ID#0950344
FIRST CLASS CLEANER INC
GARY CAPUANO
223 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

JAN 29 1998

Bureau of Air Monitoring

Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	19_9	7 то	12-31	19 <i>_98</i>
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (- · · ·		pliance with DEP Rul	
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in continuo	us compliance during the	reporting period stat	ed above:
Exact period of non-compliance: from Action(s) taken to achieve compliance:		to	JAN 2	Z R PECE
Method used to demonstrate compliance:			7 98	
#2. Term or condition of the general perm	it that has not been in continuo	us compliance during the	reporting period state	ed above:
Exact period of non-compliance: from	-	to		
Action(s) taken to achieve compliance:	V			
Method used to demonstrate compliance:	<u>:</u>			
As the responsible official, I hereby certify, ba notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my annual consumption	of perchloroethylene solve	ent, based upon purcha	
RESPONSIBLE OFFICIAL: No.	any E. CAPUANO ame (Please Print)	Signature	1-16 I	2 - 98 Date

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

BEST AVAILABLE COPY

KELEIVE

PERCHLOROETHYLENE DRY CLEANERS DEU 5 1997

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST Bureau of Air Monitoring Mobile Sources REINSPECTION REINSPECTION AIRS ID#: 0950344 DATE: 10 22 97 TIME IN: 1.30 TIME OUT: 200 FACILITY NAME: FIVE Class Dry Cleaner FACILITY LOCATION: 223. N. Ovango Blossom Trail
RESPONSIBLE OFFICIAL: Gary Capuand PHONE: 407 481- 2000
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: (check appropriate box) Drop store/out of business/petrolcum
A. 1. Existing small area source □ 2. New small area source □
dry-to-dry only, $x \le 140$ gal/yr dry-to-dry only, $x \le 140$ gal/yr
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
both types, $x < 140$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)
3. Existing large area source
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, $200 \le x \le 1{,}800 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)
5. This is a correct facility classification
If no, please check the appropriate classification: facility qualified for a general permit as number above

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

facility was 1413 gallons.

facility exceeds above limits and is not eligible for a general permit

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINTADISC	OVERY 🗆
AIRS 1D#: 0950344 FACILITY NAME: FICS FACILITY LOCATION: GONTACT NAME: We PART 1: NOTIFICATION (check appropriate box)	st Class Dry 223 N. Orang Orlando FL .: Gary Capua	Cleane Blos 328 no al Mgr.	ers som Trail 05 phone: 407-4 phone:	
1. New facility notified DAR 2. Facility failed to notify DA			CEIVED DEC 2 8 1998	u u
		Bu	reau of Air Monitoring	:
PART II: CLASSIFICATI		<u> </u>	& Mobile Sources	
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 galys both types, x < 140 gal/y (constructed before 12/9/	ource Cl 2. gal/yr de l/yr tr r be	ry-to-dry onl ansfer only, oth types, x	□ No notification for □ Drop store/out of □ Drop store/out of □ Drop store/out of □ Drop store of □ Drop store of □ Drop store of □ No not of □ Drop store of □ No not □ Drop store of □ Drop store of □ No not □ Drop store of □ Drop store	orm business/petroleum 🗀
	≤ 2,100 gal/yr d 1,800 gal/yr tr 300 gal/yr b /91) (ry-to-dry on ransfer only, both types, leconstructed DY DN ion:	s number abo	ne
B. The total quantity of pe	······································			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? אואם אם אם 3. Closing and securing machine doors except during loading/unloading? ΠN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? UN UN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY UN Equipped all machines with the appropriate vent controls? מארם אם מאר 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 UN UNIA 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 אואם אם אוא condenser exceeded 45° F7 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:		Aurrern w	
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?	ψY	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ÜN	מ/אש
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	ΘŃ/Λ
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?	ΩY	ПN	
	Is the perc concentration equal to or less than 100 ppm?	ÜY	ШΝ	EM/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	·. Y	ПN	E N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ÜN	MNIV
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	ØN/∧

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DZYY CIN
2. Maintained rolling monthly total of perc consumption?	EAA CIN 🙏
3. Maintained leak detection inspection and repair reports for the following:	N.
a. documentation of leaks repaired w/in 24 hrs? or;	מארם אם לאם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	QA ON ONY
4. Maintained calibration data? (for applicable direct reading Instruments)	רוא בוא נאלא/ע
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MANY
6. Maintained startup/shutdown/malfunction plan?	ENY LIN
7. Maintained deviation reports?	אואש אם אם
Problem corrected?	אואבש אנו אנו א
8. Maintained compliance plan, if applicable?	DY DN BNIA

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?		**************************************	EQA CIN	
2.	Has the facility maintained a leak log	}	•	CETY CIN	
3.	Does the responsible official check the	e following areas for leaks	5 7	•	
	Hose connections, fittings, couplings, and valves	עא טא טאע	Muck cookers	מא טא טאע	
	Door gaskets and scating	QA DN DNV	Stills	DY ON ON/A	
	Filter gaskets and scating	עאַע טא טאיא	Exhaust dampers	איאם אָם אַם	
	Pumps	עארם אם באיע	Diverter valves	באירום אום לאם	
	Solvent tanks and containers	מא טא טאיע	Cartridge filter housings	אואם אם צפ	
	Water separators	עאט אט אט אט	No. o	5y.	
4.	Which method of detection is used by	the responsible official?	:	<i>Y.</i>	
l	Visual examination (condensed	solvent on exterior surface	ccs)	र्ख	
	Physical detection (airflow felt	through gaskets)			
1	Odor (noticeable perc odor)		· · · · · · · · · · · · · · · · · · ·		
	Use of direct-reading instrumer	ntation (FID/PID/calorImo	etric tubes)	ָ [™] (
	Halogen leak detector		`		
۱	If using direct-reading ins	strumentation, is the equ	Ipment:	EJN/A	
1	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			DY ÜN	
b. Calibrated against a standard gas prior to and after each use				OY ON	
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	אט צט	
	d. Kept in a clean and secure area when not in use?			CY CN.	
1	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN	
		·		<u> </u>	
_		:			
	•				
•	Ilka Bundy		/2 //6/9 Date of Just	8	
	Inspector's Name (Please Print) Date of Inspection				
	Ilka Bund		12/10/9	9	
	Inspector's Signature	•	Approximate Date o	l Next Inspection	

ADDITIONAL SITE INFORMATION:

Informed Mr. Capuano to have all records accessible to inspectors at any time.

He said if he was not available to see Wendy Long, General Manager, for the documentation.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 14 1000 1100 TIME OUT: 1115 AIRS ID#: 0950344					
TYPE OF FACILITY: Dry Cleaner					
FACILITY NAME: First Class Dry Cleaners DATE: 12/10/98					
FACILITY LOCATION: 223 N. Orange Blossom Trail					
Orlando FL 32805					
RESPONSIBLE OFFICIAL: Gary Capuano PHONE NUMBER: 407-481-2000					
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).					
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED					
RECEIVED					
DEC 2 8 1998					
Bureau of Air Monitoring & Mobile Sources					
COMMENTS:					
Facility in order.					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOV					
(Approximate)					
INSPECTION CONDUCTED BY: Ilka Bundy					
INSPECTOR'S SIGNATURE: Ma Bundy PHONE NUMBER: 436-9524					

Revised 10/96

11/24/98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL, RE-INSPECTION	и х С	COMPLAINT/DISCOVER	Υ
AIRS ID#: 0950344 FACILITY NAME: Fir	st Class Dr.	y Clean	ers_	r: <u>////</u> 0
	Orlando	FL	32805	
RESPONSIBLE OFFICIAL	: Gary Ca	puano	PHONE: 407 481-	2000
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)		DE	CEIVED	
1. New facility notified DARI			CEIVED	<u> </u>
2. Facility failed to notify DA	RM to use general perm	iil 	DEC 2 & 1948	<u> </u>
PART II: CLASSIFICATIO	N	Bui	reau of Air Monitoring	
Facility indicated on notificate (check appropriate box)		Bu	read of Air Monitoring	ss/petroleum
Facility indicated on notifica	urce	2. New small dry-to-dry only transfer only, x both types, x <	☐ No notification form ☐ Drop store/out of busine area source ☐ x x < 140 gal/yr < < 200 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gater transfer only, x < 200 galer both types, x < 140 galeyr	urce	2. New small dry-to-dry only transfer only, y both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ No notification form ☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	urce	2. New small dry-to-dry only transfer only, y both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	∴ Mobile Sources □ No notification form □ Drop store/out of busine area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr a or after 12/9/91) area source $x < 140 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.00 < 0.$	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility of the please check the form of the please check the form of the property of the please check the form of the property of the	urce	2. New small dry-to-dry only transfer only, y both types, x < (constructed or 4. New large dry-to-dry only transfer only, both types, 140 (constructed of Y New large dry-to-dry only) transfer only.	∴ Mobile Sources □ No notification form □ Drop store/out of busine area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr n or after 12/9/91) area source - $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 200 \le x \le 1,800 \text{ gal/yr}$ $x < 200 \le x \le 1,800 \text{ gal/yr}$ 10 $x < 1,800 \text{ gal/yr}$ 11 or after 12/9/91) □ Can not determine	ss/petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY CIN CIN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? MY CIN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at אואנו אנו אמ least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber CIY CIN DINIA 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? IN CIN/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 ÜN ÜN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated בוץ שאו condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	•
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	CIY KAN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	כוא מאן כואיע
	Is the temperature differential equal to or greater than 20° F?	DY DN BN/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?	בוא בוא פועייע
	Is the perc concentration equal to or less than 100 ppm?	DY DN MN/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,	OY ON DANA
	or expansion; and downstream from no other inlet?	אואנט אנט זינט
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	בוץ בוא פאיא

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	שוא כוא			
2. Maintained rolling monthly total of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	©YY □N □N/A			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	ער אלאון אני אני			
5. Maintained exhaust duct monitoring data on perc concentrations?	טא סא קאיע			
6. Maintained startup/shutdown/malfunction plan?	מט אים			
7. Maintained deviation reports?	OY ON ON/A			
Problem corrected?	אואם אם אם			
8. Maintained compliance plan, if applicable?	חאים אם צם			

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?			אבט אַצים		
2.	Has the facility maintained a leak log?			EY UN		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and scating	איאים אם אם	Stills	איאם אם אים		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	שאים אם באיא	Cartridge filter housings	QA CIN CIN/V		
	Water separators	מ/א בוא בוא/א				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surfac	ees)	a		
	Physical detection (airflow felt the	irough gaskets)				
	Odor (noticeable perc odor)	र्ख				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				u		
ļ	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:			M/V		
	a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?			DY DN		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			י טא ט		
1	•	and obvious signs of wear	r on a weekly basis?	OY ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?d. Kept in a clean and secure area when not in use?			OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			UY UN		
	e. Verifica for accuracy of also of displicance samples (canonimente sample)					
	Inspector's Name (Please Print) Inspector's Name (Please Print) Inspector's Name (Please Print)					
-	Inspector's Name (Please Print) Date of Inspection					
	Allea Bunda 2/23/99					
-	Inspector's Signature		Approximate Date of	f Next Inspection		

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

11 24/98 R.

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAIR	NT/DISCOVERY	RE-INSPECTION		
TIME IN: 1000 TYPE OF FACILITY: Dry	TIME OUT:	1100	AIRS ID#:09 .	50344		
FACILITY NAME: First	Class Dry Cl	eaner		DATE: 11/23/48		
FACILITY LOCATION: 223	3 N. Orunge B Orlando FL	32805	Trail			
RESPONSIBLE OFFICIAL:	Gary Capus		PHONE NUMBER:	407-481-2000		
-compliance with DEP R	Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).					
Based on the results of the discrepancies were noted	·	its evaluated du	ring this inspection, the follo	wing compliance		
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP ACTIO	ON REQUIRED		
No temperati	ure log	,	Reinspection in	3 months		
·						
			RECEI	VED		
			DEC 2 8	1990		
		,	Bureau of Air & Mobile S			
COMMENTS:						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO VI						
DATE OF NEXT INSPECTIO	N:	(Approxi	97 nate)			
INSPECTION CONDUCTED	BY: Ilka Bu	und /				
INSPECTOR'S SIGNATURE:	Ilha Buno	(Please P	rint)PHONE NUMBER:_	836-9524		
•	\mathcal{C}	Page of		Revised 10/96		

Orange County Environmental AIRS ID#: 0956344	X
DRY CLEANER AIR QUALITY ANNUAL COMPLIANCE CERT	
FACILITY NAME: First Class Cleaner FACILITY LOCATION: 223 N. Orange Blosso Orlando, FC 32805	DATE: \$12099
Annual Reporting Period: $\frac{(0/22/199)}{199}$	
Based on each term or condition of the Title V general air permit, my facil 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	
If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous.	ous compliance during the reporting period stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	SEP 2 8 1999 Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not been in continuous	us compliance during the reporting period stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	to
As the responsible official, I hereby certify, based on information and belimade in this notification are true, accurate and complete. Further, my and upon rolling averages of purchase receipts, does not exceed 2,100 gallons year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	nnual consumption of perchkoroethylene solvent, based
*This form is made available to you as an aid in order to meet your annual discretion of the responsible official to use this form.	l compliance certification requirements. It is at the

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	122	COMPLAINT/DISCO	OVERY
	RE-INSPECTION	۵		70
				
airs 10#: 0950344 1	DATE: 11/1/99	TIME II	N: <u>0950</u> TIM	OUT: 7046
FACILITY NAME: First	r Class Cle	aner	· · · · · · · · · · · · · · · · · · ·	Air S
FACILITY LOCATION: 2	23 N. Or	ange E	Slossom Tra	urces 5
	JIIMMUO, IL	- 2600		
RESPONSIBLE OFFICIAL:		•		481-2000
CONTACT NAME: Wen			PHONE:	
10/29/99: M-W	Jobly-Return IV	/1/94	·	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	p	·	ū
2. Facility failed to notify DARN	A to use general permi	it		0
·				
PART II: CLASSIFICATION				
Facility indicated on notification	n form that it is:	•	☐ No notification for	
(check appropriate box)	·		☐ Drop store/out of b	ousiness/petroleum
A. 1. Existing small area source	ce 🗅 2	2. New small a	rea courca	
dry-to-dry only, x < 140 gal/y		dry-to-dry only,		u l
transfer only, x < 200 gal/yr		transfer only, x	- ·	
both types, x < 140 gal/yr		both types, x <	- ·	. '
(constructed before 12/9/91)	((constructed on	or after 12/9/91)	
		· > .	•	_/
3. Existing large area source		4. New large a		\
dry-to-dry only, $140 \le x \le 2,1$			$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g			$00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
(constructed before $12/9/91$)			or after $12/9/91$)	
,				I
5. This is a correct facility cla		DY ON	☐Can not determine	
5. This is a correct facility cla	assification E		□Can not determine	. "
If no, please check the a	nssification E	ion:		
If no, please check the a	nssification E appropriate classificati y qualified for a gener	ion: ral permit as nu	□Can not determine imber above gible for a general perm	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY 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 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) DY DN 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 MY ON ON/A condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊠Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON WN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON MN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N ☑N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DN/A

· · · · · · · · · · · · · · · · · · ·					
PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	/				
1. Maintained receipts for perc purchased?	MA ON				
2. Maintained rolling monthly total of perc consumption?	DY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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 WAYA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAN/A				
6. Maintained startup/shutdown/malfunction plan?	מבו עים				
7. Maintained deviation reports?	OY ON WIN/A				
Problem corrected?	OY ON ON/A				
8. Maintained compliance plan, if applicable?	DY DN DN/A				
	•				

PART VI: LEAK DETECTION AND REPAIRS					
I. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	nd repair		
inspection?			Dayy □N.		
2. Has the facility maintained a leak log?			ØY □N		
3. Does the responsible official check the	following areas for leaks	?			
Hose connections, fittings, couplings, and valves	My ON ON/A	Muck cookers	Y ON ON/A		
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	MY ON ON/A		
Puinps	DY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	ŒY □N □N/A	Cartridge filter housings	DAY ON ON/A		
Water separators	MY ON ON/A				
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)	,			
Odor (noticeable perc odor)	□ ∕				
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instr	⊡r\/A				
a. Capable of detecting	OY ON				
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	אַם צם		
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and s	ecure area when not in us	e?	□Y □N		
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N		
Ilka Bundy		Date of Inspection			
Inspector's Name (Please Pri	nt)	Date of Inspection			
Ilha Bundy 11/1/2000					
Inspector's Signature Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:

24	499
2/1/99	39,0
2/15/99	19.5
315/99	39.0
4/7/99	39.0
4/30/99	39.0
8/23/59	19,5
8/30/99	39.0
10/25/99	39.0
	175.0

Orange County Environmental Protection Department

ars 10#: 0950344

- 3 Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

11-22-99 A

- A1 A1	_ 	···	· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE CONTRACTOR
FACILITY NAME: FIRST Class Clea		<u> </u>		DATE: 11-2-99
FACILITY LOCATION: 223 N. Orgo	ge Bloss	som T	rail	Same of a
FACILITY LOCATION: 223 N. Oran Orlando, FL 3	280.5			
0. 1471 <i>db</i> , 1. 2				
Annual Reporting Period: Nov. 23	19 98	то	Nov. 1	19 99
Based on each term or condition of the Title V general air pic-2-213.300, Florida Administrative Code (F.A.C.), during	· · · · · ·	,	<u> </u>	
f NO, complete the following:	the period covered	u by this stat	ement. C1ES	L NO
1. Term or condition of the general permit that has not be	een in continuous	compliance	during the reporti	ng period stated above:
				· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from		to_		
ction(s) taken to achieve compliance:			_	
fethod used to demonstrate compliance:				
2. Term or condition of the general permit that has not be	cen in continuous	compliance	during the reporti	ng period stated above:
xact period of non-compliance: from		to_		
action(s) taken to achieve compliance:	<u> </u>			
Method used to demonstrate compliance:				
•				
As the responsible official, I hereby certify, based on informate in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not exceed the ear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Principle)	Further, my annu d 2,100 gallons p	ual consumption year year for a	tion of perchloroe	thylene solvent, based
· · · · · · · · · · · · · · · · · · ·				
		(
This form is made available to you as an aid in order to m iscretion of the responsible official to use this form.	ieet your annual c	omphance c	ermication require	ements. It is at the

Page ____of __

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIPE OF INSPECTION: ANNO	DAL V COMP	LAINI/DISCOVERY	RE-INSPECTION
TIME IN: 0950 -	гіме оит: <u>10 Ч(</u>)AIRS ID#:(0950344
TYPE OF FACILITY: Dry Cleo	ner_		
FACILITY NAME: First Clas	ss Cleaner		DATE: 11/1/99
FACILITY LOCATION: 223 N.	Orange Blosso	om Trail	
Orlando			
RESPONSIBLE OFFICIAL: Gary	' ∧	РНОПЕ NUMBE	r: 407-481-2000
Based on the results of the complete compliance with DEP Rule 62-2	•	•	acility is found to be in
Based on the results of the completion discrepancies were noted:	liance requirements evaluate	ed during this inspection, the f	ollowing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
7	· .		
	·		
COMMENTS:	<u> </u>		
Facility in con	apliance:	· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification for	m has been properly certifie	d and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	11/1/2	OOO roximate)	
INSPECTION CONDUCTED BY:	Ilka Bun		
INSPECTOR'S SIGNATURE:	Mra Bund		CR: 836-1400
	Page /	of (.	Revised 10/90

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355274

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

ROOT TO SO

Do NOT Remove Label

MAIL MAIL

AIRS ID # 0950344

FRST CLASS CLEANER GARY CAPUANO

223 N ORANGE BLOSSOM TRAIL

ORLANDO FL 32805

FOR GOVERNMENT USE ONLY

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

Obj.: 902273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389845

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950344

FIRST CLASS CLEANER GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805 RECEIVED MAIL ROOM DEC 20 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

12-16-48

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION		COMPLAINT/DISCOV	/ERY □
AIRS 10#: 0950344	, , ,			OUT: <i> (5</i>
FACILITY NAME: Fics				
FACILITY LOCATION:				
	Orlando FL	3280	05	
RESPONSIBLE OFFICIAL:	Gary Capua	no	PHONE: 407-48	1-2000
CONTACT NAME: Wen	, v			
PART 1: NOTIFICATION			ere and their residue a total security and a securi	
(check appropriate box)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
1. New facility notified DARM	1 30 days prior to startup)	·	ü
2. Facility failed to notify DAI	RM to use general permi	t		. 0
	·			
PART II: CLASSIFICATIO	N			
Facility indicated on notificate	tion form that it is:		☐ No notification form	1
(check appropriate box) A.	, , ,		☐ Drop store/out of bu	siness/petroleum
1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	Nyr di r tr bo	ansfer only, another other types, x <	y, x < 140 gal/yr x < 200 gal/yr	TO 70
3. Existing large area soudry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1$,800 (constructed before 12/9/9)	2,100 gal/yr d 800 gal/yr ti) gal/yr b	ransfer only, both types, 14	area source $y, 140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ an or after 12/9/91)	JAN 1 4 2000 Bureau of Air Monitoring & Mobile Sources
5. This is a correct facility	classification [ND YC	□Can not determine	Source Moni
☐ fac	ne appropriate classificati ility qualified for a gener ility exceeds above limits	ral permit as	number above ligible for a general permi	es
B. The total quantity of percl facility was 1190 gallor		chased within	the preceding 12 months	by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? MY CIN CINIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ПN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber עאט אט אין beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part 11-A: If classification 4 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) MY ON 1. Equipped all machines with the appropriate vent controls? DY 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 THY EIN EIN/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 אאם אם אא condenser exceeded 45° F7 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?	ΔΊΥ	·Uи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΘY	Ωи	א/אש
	Is the temperature differential equal to or greater than 20° F?	ΠY	ИП	ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ĽΙΥ	DИ	QN\V
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ÜЙ	EM/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?	DΥ	ОΝ	ØN/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	MININ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	DИ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	·				
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly total of perc consumption?	QY CIN				
3. Maintained leak detection inspection and repair reports for the following:	. ,				
a. documentation of leaks repaired w/in 24 lus? or;	איאם אים איבע				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	QA ON ON/A				
4. Maintained calibration data? (for applicable direct reading tristruments)	רוא נאַעיא				
5. Maintained exhaust duct monitoring data on perc concentrations?	оу ом खүүү				
6. Maintained startup/shutdown/malfunction plan?	EN UN				
7. Maintained deviation reports?	OY ON ENIA				
Problem corrected?	מא מו אום אום				
8. Maintained compliance plan, if applicable?	אואם אם צם				

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small sources, bi	-weekly) leak detection an	d repair	
	inspection?			QA CIN	
2.	Has the facility maintained a leak log			ENY ON	
3.	Does the responsible official check the	e following areas for leaks?			
	Hose connections, fittings, couplings, and valves	'קא מא מאיצ	Muck cookers	OY ON ON/A	
	Door gaskets and scating	קא טא טאע	Stills	DY ON ON/A	
	Filter gaskets and scating	CY ON ONA	Exhaust dampers	EA ON ONIV	
	Pumps	CAY ON ON/A	Diverter valves	DAY ON ON/A	
	Solvent tanks and containers	CY ON ONA	Cartridge filter housings	DY ON ON/A	
	Water separators	מא מא מאיע	•	•	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfaces)		ed´	
	Physical detection (airflow felt	hrough gaskets)			
	Odor (noticeable perc odor)	•			
	Use of direct-reading instrumen	tation (FID/PID/calorimetric	tubes)	a	
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:				
	·	g pere vapor concentrations in	i a range of 0-500 ppm?	DY DN	
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and aft	er each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear on	a weekly basis?	מט אם	
	d. Kept in a clean and	secure area when not in use?		מא מא	
	e. Verified for accurac	cy by use of duplicate samples	(calorimetric only)?	אם עם	
			· · ·		
	Ilka Bundy		17 /10/59	✓	
-	Inspector's Name (Please F	rint)	12 /10/59 Date of Insp	ection	
	Ilka Bund		12/10/90 Approximate Date of	1	
	Inspector's Signature	4.70	Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

Informed Mr. Capuano to have all records accessible to inspectors at any time.

He said if he was not available to see Wendy Long, General Manager, for the documentation.

BEST AVAILABLE COPY TILLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	APLAIN I/DISCOVERY RE-INSPECTION V
TIME IN: 14 HOT	<u> 100</u> тіме ойт: <u>1015</u>	AIRS 10#: 0950344
TYPE OF FACILITY: De	Cleaner	·
FACILITY NAME: FACILITY	Class Dry Clame	<u>CS</u> DATE: 11/10/18
FACILITY LOCATION:		Ester Trail
	Orlando FL 2281	
RESPONSIBLE OFFICIAL:	Gary Capuano	PHONE NUMBER: 407-481-2000
compliance with DEP I	Rule 62-213.300, Florida Administr	ated during this inspection, the facility is found to be in ative Code (F.A.C.). ated during this inspection, the following compliance
Based on the results of discrepancies were note	-	ned during this hispection, the following comphance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·	
<u>- </u>		
	 -	
••		
•	•	
COMMENTS:		
r way before	in order.	·
The Annual Compliance Certific	cation form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO	n: (2-/1)	19
INSPECTION CONDUCTED	BY: 1100 311	pproximate)
INSPECTOR'S SIGNATURE		PHONE NUMBER:

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ď	COMPLAINT/DISCO	OVERY 70
	RE-INSPECTION	ū		
00500111	3 1.0 1.		DOELL S	Eli Oli V
AIRS 10#: 0950344			v: <u>0959</u> Timi	E18198: 11500
FACILITY NAME: First	r Class Cl	eaners		16 Mon Olly
FACILITY LOCATION: _2	23 North	Orange	Blossom Tr	ail regioning
	Irlando, FL			
RESPONSIBLE OFFICIAL:	Gary Capi	uano	PHONE: 407 - 1	481-2000
CONTACT NAME: No bage	there long R		PHONE: 407-	
		1901 1001		
PART I: NOTIFICATION				·
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	P _.		ū
2. Facility failed to notify DAR	M to use general perm	it		ם
PART II: CLASSIFICATION	1			
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification for ☐ Drop store/out of ☐	
A.			a Drop storerout or t	ouspiess/peu oreun
I. 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)	yr d t I:	2. New small a dry-to-dry only, ransfer only, x both types, x < constructed on	x < 140 gal/yr < 200 gal/yr	
3. Existing large area sourdry-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	transfer only, 20 both types, 140	rea source 140 ≤ x ≤ 2,100 gál/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	tiz/
5. This is a correct facility cl	assification (Y ON	□Can not determine	
If no, please check the	appropriate classificati	ion:		
	ty qualified for a gene			
B. The total quantity of perchlo facility was 994 gallons.				•

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Y	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПN	MN/A
	Is the temperature differential equal to or greater than 20° F?		□Ν	MN/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?	ΔY	□N	D N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	QΥ	□N	⊠N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	ПN	DIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY.	DИ	N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: UN UN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y ON ON/A DY ON ONA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON WYNA 5. Maintained exhaust duct monitoring data on perc concentrations? DY UN 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? AYMED NO YED Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MY ON	
2. Has the facility maintained a leak log	?		אם אום	
3. Does the responsible official check th	e following areas for leaks	?		
Hose connections, fittings,			The specience	
couplings, and valves	MY CIN CIN/A	Muck cookers	MY ON ON/A	
Door gaskets and scating	קא טוט טוטיע	Stills	DIY ON ON/A	
Filter gaskets and scating	אורם מום או	Exhaust dampers	MY ON ON/A	
Pumps	DA ON ONV	Diverter valves	DY ON ON/A	
Solvent tanks and containers	DAY ON ONA	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ONIA			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	s) .	⊴	
Physical detection (airflow felt	through gaskets)			
Odor (noticeable perc odor)				
Use of direct-reading instrumen	tation (FID/PID/calorimetr	ic tubes)	O.	
Halogen leak detector				
If using direct-reading inst	trumentation, is the equip	oment:	DIN/A	
a. Capable of detection	g perc vapor concentrations	s in a range of 0-500 ppm?	OY ON	
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	ıfter each use	OY ON	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and	secure area when not in us	e?	DY DN .	
e. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	DY ON	
ja 1				
TILL		11 IF 200	16	
Inspector's Name (Please Pr	rint)	11 - 15 - 200 Date of Inspection		
dispector's Name (Frease Fr		Date of inspection		
Ilka Bundy		11-15-20		
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:		
1999	2600	
12-27-99 39,0 1	11-13-60 19:5	
12-20-99 19.5	11-10-00 19:5	
11-29-99 39.0	10-16-00 39.0	
11-08-99 39.0	10 - 9 - 00 19,5	
10-25-99 39.0	9-12-00 39:0	
10-18-99 39.0	9-29-00 19.5	
	9-25-00 19,5	
10-13-00 39.0 9-22-00 39.0	8-29-00 19,5	
	8-21-00 39.0	
9-13-99 39.0	8-4-00 19.5	
8-30 -99 39.0	07-31-00 19.5	
8-23-99 19.5	7-17-00 19,5 7-10-00 19,5	
8-2-99 58.5		,
7-9-99 58.5	<i>J L /</i>	
5-25-99 78.0	5-22-00 78.0=- 5-15-00 39.0=	
4-30-99 39.0	5-4-00 19.5-	
4-7-99 39.0	5 - 3 - 60 - 39, 0	•
3-5-99 39.0	5-1-00 -39,0	
2-18-99 39.0	4-27-60 39.0	
2-15-99 19.5	4-18-00 19.5	
2-1-99 39.0	4-13-00 39,0-	
,	4-10-00 19.5	
	3-28-00 19.5	
	3-20-00 19.5-	
	3-13-00 39.0	
	2-21-00 19.5	
	2-8-00 19.5	
	1-20-00 19.5	
	1-18-00 39.0	
	1-6-00 39.0	
	19.5	
	X51	
	975	
Haz Waste Fac ID 489601630	- G 9 7./	

	AIRS ID#: 0950344
Į	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Revised 01/18/00

·			
FACILITY NAME: First Class C	leaner		DATE: 11-16-00
FACILITY LOCATION: 223 North	Orange Blossom	Trail	
Orlando, FL	32805		
Annual Reporting Period: November	28 1999 TO	Novemb	per 2000
Based on each term or condition of the Title V general	air permit, my facility has remain	ned in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), dur	ing the period covered by this sta	tement. YE	s D NO
If NO, complete the following:			
#1. Term or condition of the general permit that has no	ot been in continuous compliance	during the reporti	ng period stated above:
Exact period of non-compliance: from	1	o 1737	0.00
Action(s) taken to achieve compliance:			NOV 2 0 2000
Method used to demonstrate compliance:			ORAPOF COLLEGE STEERING FETAL
#2. Term or condition of the general permit that has no	ot been in continuous compliance	during the reporti	ng period stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:		,	
As the responsible official, I hereby certify, based on in in this notification are true, accurate and complete. From purchase receipts, does not exceed 2,100 gallons per your combination facilities. RESPONSIBLE OFFICIAL:	arther, my annual consumption of car for dry-to dry facilities or 1,8	f perchloroethylen	e solvent, based upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL 📝 C	OMPLAINT/D	ISCOVERY [RE-INSPE	CTION _
TIME IN: 0954	TIME OUT:	00	AIRS ID#: 09	50344	
TYPE OF FACILITY: Dry Clea	ner				
	iss Cleaner			_DĂTE:_ <i>[[-</i>	15-00
FACILITY LOCATION: 223 No	orth Orange	Blosson	1 Trail		
OFTON	<u> </u>	2805		110001	40.0
RESPONSIBLE OFFICIAL: Gar	Capuan	٥	_PHONE NUMBER:	407-481	-2000
Based on the results of the comp compliance with DEP Rule 62-2	13.300, Florida Admin	istrative Code (F.A.C.).		
Based on the results of the comp discrepancies were noted:	oliance requirements ev	aluated during t	his inspection, the foll	owing compliand	e .
COMPLIANCE REQUIREM	IENT/PROBLEM	FO	LLOW-UP ACTI	ON REQUIR	ED
	•				
	•				
-	· ·			7	
				•	
			<u>_</u>		
•					
· · · · · · · · · · · · · · · · · · ·			-		
	-				
COMMENTS:					
Facility in	compliance				
The Annual Compliance Certification for	rm has been properly c	ertified and subi	mitted to the inspector	YES_	NO V
DATE OF NEXT INSPECTION:	·	-15-01			
INCRECTION CONDUCTOR BY		(Approximate) 2 Bundy			
INSPECTION CONDUCTED BY:	- 1KG	(Please Print)			
INSPECTOR'S SIGNATURE:	Alha Bu	rdy.	_PHONE NUMBER	407-830	0-1400
	Pag	e <u>l</u> of <u>l</u> .			Revised 10/96

262724

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950344 FIRST CLASS CLEANERS INC GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL **ORLANDO FL 32805**

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0950344

FIRST CLASS CLEANER INC GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

FIRST CLASS CLEANERS, INC.

AIRS ID# 0950344

1/21/98

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DEPARTMENT OF ENVIRONMENT

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TAXES & LICENSES

50.00

TOTAL:

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950344

FIRST CLASS CLEANER GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

02/16/01

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ORLANDO CLEANERS, LLC

Payee DEPT. OF ENV. PROTECTION

Ref # Inv ID Inv Date 01/15/01 03/01/01

Inv Bal 50.00

Amount Paid Disc Taken 50.00

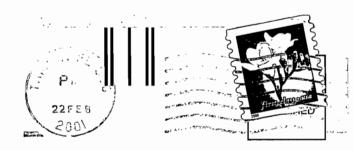
Description PERMIT

Total Disc

Check Amount 50.00

0.00

FIRST Class Charles 14946 n. Florida ave Tampa, Fl 33613



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414733 MAR 1 2002

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID # 0950344

FIRST CLASS CLEANER TOM HUDEONS 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805

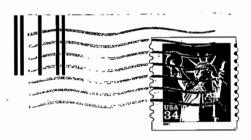
FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Frot Class Cleaners 6210 N. Florida ave. Tampa, Fl. 33604





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

		IAIL RECEIPT	e Coverage Provided)
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373	Postage	\$	
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_	223 N ORANG Stre: ORLANDO FI	GE BLOSSOM TRA	JL
2000	32805	•	***************************************
7	City,		
<u>(</u>	PS Form 3800, Februa	iry 2000	See Reverse for Instructions

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 	A. Received by (Please Print Clearly) OH OH OH A. Received by (Please Print Clearly) OH A. Date of Pelivery A. Date of Pelivery OH C. Signature
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.	x Sand Pull ☐ Agent ☐ Addressee
Article Addressed to:	D. Is delivery address different to the second of the seco
AIRS ID # 0950344 FIRST CLASS CLEANER	FEB 1 1 2002
TOM HUDEONS 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	3. Service Type Certified Mail Registered Insured Mail C.O.D.
The second secon	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 3323 /	432
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DAPMMORUE SOURCE CONTROL PROPRATE OF EAST. OF HUMBONIE SOURCE CONTROL PROPRATE OF A LITTLE OF THE STATISTICS OF THE STAT

P 262 302 230 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 0950344 FIRST CLASS CLEANER INC GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

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 card to you. Attach this form to the front of the mailpiece, or on permit. Write 'Return Receipt Requested' on the mailpiece of the receipt will show to whom the article of delivered.	s form so that we the back if space below the article	e does not e number.	I also wish to rectollowing services extra fee): 1. Addresse 2. Restricte Consult postmass	s (for an ee's Address d Delivery	eceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID#: 0950344 FIRST CLASS CLEANER INC GARY CAPUANO 223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805		4b. Service ☐ ☐ Registere ☐ Express I	5302 Type ed Mail ceipt for Merchandise	☐ Certifiéd	you for using Return R
Is your RETURN	5. Received By: (Print Name) 6.	njklan	8. Addressee and fee is	e's Addrèss (Only i paid)	Receipt	Thank

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7000	Stree 223 N ORANO ORLANDO FI	GE BLOSSOM TRAIL	,		
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S SECTION ON DELIVERY				
Agent Addressee delivery acritective of Delivery Addressee delivery acritective of Page 12				
2. Article Number (Copy from service label) 1000 0600 0006 404 366 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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- 57EP	Postage Certified Fee	\$	le l		
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2000	223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805 Est-orm: 55005 - For Instructions				

CKER AT TOP OF ENVELOPE CHT OF RETURN ADDRESS. ATTEMPT ADDRESS.	
 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. Article Addressed to: 	A. Received by (Dease Print Clearly) B. Date of Delivery C. Signature X Agent D. Is delivery address different from item 1? Yes
10 AIRS ID # 0950344001AG GARY CAPUANO FIRST CLASS CLEANER	3. Service Type
223 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805	Certified Mail
2. Article Number (Copy from service label) 7000 (0.520 0026 9372 1793	3:111 1111 111111 1 111111 1
PS Form 3811, July 1999 Domestic Return	

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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	PS Form 3800, January 20	001	See Reverse for Instructions,		

THE THE CHARGE OF THE PORT OF				
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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is deliver access Allifernition item 12 Yes			
Article Addressed to:	D. Is delivery as a series of the parties of the pa			
AIRS ID # 0950344 FIRST CLASS CLEANER TOM HUDEONS 223 N ORANGE BLOSSOM TRAIL	MAR - 8 2002			
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