

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. Rafael Castellanos King of Cleaners, Inc. 5043 Silver Star Road Orlando, Florida 32808

Re: Facility I.D. No. 0950348

Dear Mr. Castellanos:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 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"

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: RE-INSPECTION	N D
AIRS 10#: 0950348 DATE: 11/17	198 TIME IN: 1100 TIME OUT: 1130
FACILITY NAME: KING OF	DRY CLEANER
FACILITY NAME: $KINGOE$ FACILITY LOCATION: 5043 S_A	ILVER STAR Rd.
ORLANDO	FL 32808
_	Custe/lano PHONE: (407) 294-5173
CONTACT NAME:	/
PART I: NOTIFICATION	
(check appropriate box)	8 2 7
1. New facility notified DARM 30 days prior to star	rtup 8 2 0
2. Facility failed to notify DARM to use general per	rmit Solo Solo Solo Solo Solo Solo Solo Sol
	8,01
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
(constructed before 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 on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general series.	(constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) \square

Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly scaled and impervious containers?						
2. Examining the containers for leakage?	אום אם אבן					
3. Closing and securing machine doors except during loading/unloading?	DAY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DAY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON EN/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V.						
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser					
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993						
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	CIY CIN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם מח					
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?	□Ү □и					

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO YES			
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 CIN 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 AN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ANA			
6. Maintained startup/slmtdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	AVAC NO YO			
Problem corrected?	OY ON TON/A			
8. Maintained compliance plan, if applicable?	DY ON EN/A			

PΑ	ART VI: LEAK DETECTION AND	REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DN ON				
2.	Has the facility maintained a leak log	3?		, ENY ON				
3.	Does the responsible official check the	ne following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	ZY ON ON/A	Muck cookers	אום אם אבן				
	Door gaskets and scating	AY ON ON/A	Stills	MY ON ON/A				
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	אואם אם צובי				
	Pumps	DY ON ON/A	Diverter valves	אומם מם אבן				
	Solvent tanks and containers	ZY ON ON/A	Cartridge filter housings	ארם אם צים				
	Water separators	AND ND YE						
4.	Which method of detection is used b	y the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)							
	Use of direct-reading instrume	entation (FID/PID/calorime	ric tubes)	*				
	Halogen leak detector							
	If using direct-reading in	strumentation, is the equi	pment:	INIA				
	a. Capable of detecti	ng pere vapor concentration	is in a range of 0-500 ppm?	OY ON				
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	DY DN				
	c. Inspected for leak	s and obvious signs of wear	on a weekly basis?	UY ON				
	d. Kept in a clean ar	nd secure area when not in t	ısc?	□Y □N				
	e. Verified for accur	acy by use of duplicate sam	ples (calorimetric only)?	OY ON				

ASSEFA HATLEMARIAM	11/17/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

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

TYPE OF INSPECTION:	ANNUAL COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: // //	TIME OUT: //30	AIRS ID#: 0	950348
YPE OF FACILITY:	DRY CLEANER	INC.	
ACILITY NAME: KI	NG OF DRY	CLEANERS	DATE: 11/17/98
ACILITY LOCATION:	OB SIVER STO		
	OdIANDO FC	3280R	
ESPONSIBLE OFFICIAL:		Hanos PHONE NUMBER:	1/17- 251/ 55
ESPONSIBLE OFFICIAL	RAILNEL (MSTE	THONE NUMBER.	404-619-35
	f the compliance requirements evaluat Rule 62-213.300, Florida Administrat	•	lity is found to be in
Based on the results of discrepancies were not	f the compliance requirements evaluat ted:	ted during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			•
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			By By K
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			MODELLE THE TOTAL STATE OF THE PARTY OF THE
			William O
			G AN
			
OMMENTS:			
	FACILITY IN	1 ORDER	
he Annual Compliance Certif	ication form has been properly certific	ed and submitted to the inspector	YES NO
ATE OF NEXT INSPECTI		117/99	
NSPECTION CONDUCTER	A	proximate) LEMAZIAM	
151 ECTION CONDUCTER		ease Print)	
NSPECTOR'S SIGNATURI	E: one for theiler	uu a phone number	407 836 -932
	Page /		Revised 10/9
	rage I	Oig .	1 C Y 13 CU 1 U/ 2

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.

301088

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0950348

RAFAEL CASTELLANOS RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

V RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

DEC 5 1997

COMPLIANCE	E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTI	Bureau of Air Menitoring COMPLAINT/DISCON Mobile Sources
	197 10:45 450 time in: 41:450 time out: 11:15
FACILITY NAME: King of	Du/ C
FACILITY LOCATION: 5043	Silver Star Rd
_ Ov an	de FI 32808
·	Custellanos PHONE: (407) 294-5573
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	tartup 🗆
2. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	:
(check appropriate box)	☐ Drop storc/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
II	fication: general permit as number above

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _50 gallons.

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

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?	ПΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟУ	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ПΥ	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПΝ	□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?	□ Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Υ	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly averages 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;	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DX/A			
6. Maintained startup/shutdown/malfunction plan?	DY DN			
7. Maintained deviation reports?	DY DN DAYA			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	· DY DN DN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ØΥ	ПИ		
2.	Has the facility maintained a leak logs	?				ПИ		
3.	Does the responsible official check the	e following a	areas for lead	ks?				
	Hose connections, fittings, couplings, and valves		I □N/A	Muck cookers		⊃N □N/A		
	Door gaskets and seating		I □N/A	Stills	⊡Y (⊃N □N/A		
	Filter gaskets and seating		I □N/A	Exhaust dampers		⊃N □N/A		
	Pumps		I □N/A	Diverter valves		DN/A		
	Solvent tanks and containers	DY DN	I □N/A	Cartridge filter housings	ŒY (⊃n □n/a		
	Water separators		J □N/A					
4. Which method of detection is used by the responsible official?								
Visual examination (condensed solvent on exterior surfaces)								
	Physical detection (airflow felt through gaskets)							
I	Odor (noticeable perc odor)							
	Use of direct-reading instrumen	tation (FID/	PID/calorim	netric tubes)				
	Halogen leak detector							
	If using direct-reading inst	rumentatio	n, is the eq	uipment:	□ Λ √Α			
	a. Capable of detecting	g perc vapor	concentration	ons in a range of 0-500 ppm?	\Box Y	□И		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΠY	□и		
	c. Inspected for leaks a	and obvious	signs of wea	ar on a weekly basis?	$\Box Y$	□N		
	d. Kept in a clean and	secure area	when not in	use?	$\Box Y$	□и		
	e. Verified for accurac	y by use of d	luplicate sar	nples (calorimetric only)?	\Box Y	□и		
-	والمستراح المستويان ويواد المارية المستوادة المارية ال	10 A Comment	AT PERFECT SINCE AND SERVICE PROPERTY AND SPECIAL PROPERTY.	HAMES WATER THE PLANTAGE OF THE PROPERTY OF TH		·		

Inspector's Name (Please Print)

Date of Inspection

LO | ZZ | 98

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10: 45 TIME OUT: 11:15 TYPE OF FACILITY: DVV Cleaner	AIRS ID#: 0950348
FACILITY NAME: KING OF DVV 110-14	ens Inc DATE: 10/27/97
FACILITY LOCATION: 543 St	
Oxfondo FI	32800
RESPONSIBLE OFFICIAL: Refer Consteller	105 PHONE NUMBER: 407 794-5573
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	- ,
Based on the results of the compliance requirements evalua discrepancies were noted:	sted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
₹	REO.
	RECEIVED
	RECEIVED DEC 5 1997
	Bureau of Air Monitoring & Mobile Sources
.	
₹	
COMMENTS:	
Facility in Com	Plance
·	
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION: $10/22/9$	pproximate)
INSPECTION CONDUCTED BY: TODO F	Tetchou
INSPECTOR'S SIGNATURE: Del Tubel	PHONE NUMBER: 836 - 9524

Page_

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
SAMC AS ABOVE 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
9501005
4. Facility Location: 5043 SILVER STAR ROAd Street Address:
City: County: Zip Code: 32808 5: Facility Identification Number (DEP, Use):
5: Facility Identification Number (DEP Use):
0950348
Responsible Official
(Name of Title of Decree ville Official)
6. Name and Title of Responsible Official:
RAFACL CASTELLANOS OWNER
7. Responsible Official Mailing Address: Organization/Firm: KINS OF CLEANERS
Street Address: 5043 SILVER STAR ROAD
7. Responsible Official Mailing Address: Organization/Firm: KING OF CLEANERS Street Address: 5043 SILVER STAR ROAD City: ORLANDO County: OR ANGE Zip Code: 32808
8. Responsible Official Telephone Number:
Telephone: $(407)294-5573$ Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOVE
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
receptions. () - rax. () -
RECEIVED

SEP 17 1996

Bureau of Air Monitoring

& Mobile Sources

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

#0950348

P.15 (f) should be marked

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Ah	out 19	787	a ji t	in the state of				the state of the
(1) w/ ref. condenser	1			<u> </u>	T				
(2) w/ carbon adsorber	1								
(3) w/ no controls									
Washer Unit	+ 1, 1	Tanan 1904, mari	s illing gan illiger						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	/L/						1		dagaan oo
(7) w/ ref. condenser			1					<u> </u>	1
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. :::-	and the first of			1. 11	
(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 re quant gallo	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				[].
3. What is the facility's so (Indicate with an "X".							``		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (5 (Indicate with an "X".) 	
Existing large area source Carbon adsorber [] Refrigerated conden	ser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligito Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpu boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulp	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	•
Fauinment Manitoning and Decord/coning L	formation.
Equipment Monitoring and Recordkeeping I	
Check all logs which are required to be kept on-site in accordance with the	
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases	
Check all logs which are required to be kept on-site in accordance with the	
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases	
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	
Check all logs which are required to be kept on-site in accordance with the (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	

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

Q

(-)

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification							
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	nptly notify the Department of any changes to the information contained in this notification.							
Signature	al lastitlana . 9-12-96 Date							

Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:30 TIME OUT:	AIRS ID#: <u>695</u>	0348
TYPE OF FACILITY: Dry Clea	٠	
FACILITY NAME: King of	ry Cleaners Inc D	ATE: 2/18/97
FACILITY LOCATION: 504.3 Silve	Star Rd	and the same of th
	-1	p ^{r. fr.}
RESPONSIBLE OFFICIAL: Refael Custella	PHONE NUMBER:	294-5573
Based on the results of the compliance requirements	aluated during this inspection, the facility	is found to be in
compliance with DEP Rule 62-213.300, Florida Adm	istrative Code (F.A.C.).	
Based on the results of the compliance requirements	aluated during this inspection, the followi	ng compliance
discrepancies were noted:		
COMPLIANCE REQUIREMENT/PROBLE	FOLLOW-UP ACTION	REQUIRED/
No Rolling Perc Consumption Form on site	Six month	veins pection
No Leak Detection Los	(L) \(\(\)	
No Corrective Action Log	(3)	and the second s
No Perc Receipts on 516	n K	11
The second secon		
· ·		
COMMENTS:		1
	A STATE OF THE STA	
The Annual Compliance Certification form has been properly	ertified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	/18/97 (Approximate)	. 3 ^e
INSPECTION CONDUCTED BY:	ODD Fletchev (Please Print)	Japan Comment
INSPECTOR'S SIGNATURE:	PHONE NUMBER:((407) 836-9524
, P	eof	Revised 10/96

Orange County Environmental Protection Department



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	((COMPLAINT/DISCO	OVERY	Ü
AIRS 10#: <u>0950348</u>	DATE: 2/1 8/97	7TIME	N: 18 30 TIM	E OUT:	
FACILITY NAME:	Dry Cle	arey			
			ers Inc		
FACILITY LOCATION:	5043 - Orlando	Silver S	Star Rd 3280B		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DA	RM by 9/1/96				5
2. New facility notified DARM	30 days prior to start	ւսթ			
3. Facility failed to notify DAR	M to use general peri	mit			
PART II: CLASSIFICATION	1		A company of the second		
Facility indicated on notificati (check appropriate box)	on form that it is:				a all to a control of the control of
A. 1. Existing small area some dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r	transfer only, a both types, x<	/, x<140 gal/yr x<200 gal/yr		
3. Existing large area sound dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>transfer only, both types, 14</td><td>area souree y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n 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 l/yr	transfer only, both types, 14	area souree y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classif	lication	DY ON			
If no, please check the appropr	riate classification:				
	fied for a general periods above limits and i				
B. The total quantity of perchifacility was _50 _ gallons		urchased within	the preceding 12 month.	is by this d	ry cleaning

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 scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DW/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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY ON DN/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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN 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?

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
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 pere concentration equal to or less than 100 ppm?	OY ON
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?	חט אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
I		
U	ART V: RECORDKEEPING REQUIREMENTS	
н	ART V: RECORDKEEPING REQUIREMENTS us the responsible official: ueck appropriate boxes)	
(c	as the responsible official:	DY WN
H (c)	ns the responsible official: neck appropriate boxes)	OY SIN
H (c. 1. 2.	ns the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	OY GM
H (c. 1. 2.	ns the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY GM
H (c. 1. 2.	neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
H (c. 1. 2. 3.	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 GM
1. 2. 3.	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?	OY GW
1. 2. 3. 4. 5.	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)	
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?	
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?	
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?	
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? Problem corrected?	
H(c. 1. 2. 3. 4. 5. 6. 7. 8	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? Problem corrected?	

2. Which worked of detection is a set of		:1-1- (77-)	110		
2. Which method of detection is used by the	-				
Visual examination (condensed so			irfaces)		
Physical detection (airflow felt the	ough gask	(cls)	·	ur	
Odor (noticeable pere odor)				9	
Use of direct-reading instrumenta	·			u	
If using direct-reading instrume					
	-		rations in a range of 0-500 ppm?	ШΥ	Ν
b. Calibrated against a s (PID/FID only)?	tandard ga	as prior to	o and after each use	ם עם	N
c. Inspected for leaks an	d obvious	signs of	wear on a weekly basis?	UY D	N
d. Kept in a clean and so	ecure area	when no	t in use?		N
e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	OY O	N
3. Has the facility maintained a leak log?				UY C	Ń
4. Does the responsible official check the	following	areas for	leaks?		
Hose connections, fittings, couplings, and valves	ØY.	ПΝ	Muck cookers	or!	ПN
Door gaskets and scating	CAY	ПN	Stills	ux	ПN
Filter gaskets and scating	CAY	ΩN	Exhaust dampers	ΔY	ПN
Pumps	ЦΥ	ПN	Diverter valves	CAY /	ПN
Solvent tanks and containers	ØΥ	ПИ	Cartridge filter housings	ŒΥ	ПΝ
Water separators	CX	ПN		,	
Name of Responsible Offic Todd Fletcher	ial				
Inspector's Name (Please Pr	int)		Date of Insp		
Inspector's Signature			Approximate Date o	l Next Iu	spection

BEST AVAILAB	SLE COPY
#0950348	
P.15	
į	1
(f) Should be marked	
2. Site Nam 3. Hazardo 4. Facility Street City:	
1090 J 1090 J 1090 J	·
3. Hazardd	·
4. Facility	
Street City:	nde: 32808
55. Facili	
	0348
6. Nan	
RATHEL 7. Repropriish Official Mailing Address:	er_
7. Responsible Official Mailing Address: Organization/Firm: KINS OF CLEANERS Street Address: 57 (4.7)	
Street Address: 5043 SILVER STAR ROAD City: ORLANDO County: OR ANGE	Zip Code: 32808
8. Responsible Official Telephone Number: Telephone: (407) 294-5573 Fax: ()	-
Facility Contact (If different from Responsible Officia	1)
9. Name and Title of Facility Contact (For example, plant manager):	
SAME AS ABOVE	
10. Facility Contact Address:	
Street Address: City: County: Zip	Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: ()	-
F	SEP 17 1996
· · · · · · · · · · · · · · · · · · ·	4004

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Came ac About
SAMC AS ABOVE 3. Hazardous Waste Generator Identification Number:
9501005
4. Facility Location: 5043 SILVER STAR RUAG
City: OCLANDO County: Zip Code: 32808 5. Facility Identification Number (DEP Use): 3
0950348
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
RAFACL CASTELLANOS OWNER
7. Responsible Official Mailing Address: Organization/Firm: ドルタ O F CLEANER 5
Street Address: 5043 SILVER STAR ROAd
7. Responsible Official Mailing Address: Organization/Firm: KING OF CLEANERS Street Address: 5043 SILVER STAR ROAD City: ORLANDO County: OR ANGE Zip Code: 32808
8. Responsible Official Telephone Number:
Telephone: (407)294-5573 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOVE
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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KEC.

SEP 17 1996

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

Type of Machine	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	mstaned	#3	02-MAR-92	1
Dry-to-Dry Unit	ah	out 19	787						
(1) w/ ref. condenser	1/45				İ				
(2) w/ carbon adsorber	1	-							
(3) w/ no controls	_								
Washer Unit				l .		,			
(4) w/ ref. condenser	_		1	_	1				
(5) w/ carbon adsorber	_					-		-	
(6) w/ no controls	_			_					
Dryer Unit		, ,	,	• .					15 5 6
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber									
(9) w/ no controls						-			
Reclaimer Unit	;					1		in the second second	; · 1
(10) w/ ref. condenser	_				,			1	
(11) w/carbon adsorber				_					
(12) w/ no controls									
	are re	equired to be ity of perchlons	installed [_	perc)	purchased in	n the latest 12	! mor	nths?	
(b) If less than 12 mont Check why it is less3. What is the facility's so (Indicate with an "X".Existing small ar	than urce of Selec	12 months:	New owner: based on the cation only.)	[d in section (3	٨		
Existing large are					rge area sour	<u></u>]		·

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following e:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	$\overline{\mathcal{V}}$
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed i cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th is made in this notification are true, accurate and complete. Further, I agree to operate and
maintain	the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to

DRY ELEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950348

RAFAEL CASTELLANOS
RAFAEL CASTELLANOS
5043 SILVER STAR ROAD
ORLANDO FL 32808

Do NOT Remove Label

Annual Reporting Period: 1-1-1996		19	то	1-1-1997	19
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C			_		h DEP Rule
If NO, complete the following:			•		
#1. Term or condition of the general permit that	t has not been in co	ontinuous (compli	ance during the reporting	period stated above:
Exact period of non-compliance: from			<u>-</u>	to	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	·				
#2. Term or condition of the general permit that	t has not been in co	ontinuous o	complia	ance during the reporting p	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 notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry RESPONSIBLE OFFICIAL: RAPACL Constraints Name (I	er, my annual const y facilities or 1,800f	umption of	perchlo	proethylene solvent, based up r transfer or combination fa	oon purchase receipts,

^{*}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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

DEC 5 1997

COMPLIANCE II	NSPECTION CHECKLIST
<i>(f)</i>	20/98 Bureau of Air Monitoring COMPLAINT/DISCON Mobile Source
TYPE OF INSPECTION: ANNUAL "	COMPLAINT/DISCON Mobile Sources
R E INSPECTIO	
11/20/98	Ah.
10/22/	10:45
AIRS ID#: 0950348 DATE: 10:45	TIME IN: 4:1500 TIME OUT: 11:15
FACILITY NAME: King of	Du/ C
	Iver Star Rd
- Cy land	0 Fl 32808
RESPONSIBLE OFFICIAL: Katae C	WSTO 1 4405 PHONE: (407) 294-5573
CONTACT NAME:	PHONE:
,	
	7
PART I: NOTIFICATION	
(check appropriate box)	E K A
1. New facility notified DARM 30 days prior to start	tup & Mobile II O II II
2. Facility failed to notify DARM to use general per	mit No. 12 M
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
PART II: CLASSIFICATION	Co lot.
<u> </u>	□ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
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, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine

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

facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit

If no, please check the appropriate classification:

facility was 50 gallons.

Orange County Environn	nental Protection Department W B
AIRS 1D#: 0950348	Revised 10/19/96
DRY CLEANER AIR QU	1 AUG 2 3 38 3 18 7 8 7 8
ANNUAL COMPLIANO	CE CERTIFICATION FORM ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
FACILITY NAME: King of Cleaner	5 Inc DATE: 8-20-99
FACILITY NAME: hing of Cleaner FACILITY LOCATION: 5043 Silver S	tar Rd.
Orlando FL	37.808
Annual Reporting Period: 10/22	19_97 to11_/17'19_98
Based on each term or condition of the Title V general air perm 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been i	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	toto
Action(s) taken to achieve compliance:	Bureau of Air Monitorins
Method used to demonstrate compliance:	& Mobile Sources
#2. Term or condition of the general permit that has not been i	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. Furt	ton and belief formed after reasonable inquiry, that the statements ther, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per Apros Mafal Salllaces 8:30-55 Signature Date
*This form is made available to you as an aid in order to meet y	your annual compliance certification requirements. It is at the

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	□ COMPLA	INT/DISCOVERY	
•	RE-INSPECTION	. 🗖		70
			<u>@</u>	
airs id#: <u>0950348</u>			TIME OUE	15蒙
FACILITY NAME: King	of Cleaners	i Inc.	bile	2 9
FACILITY LOCATION: _5	1		Sou	1999 Mon
		_	rces	1995 Monitor
	Orlando, FL	.32808		<u> </u>
RESPONSIBLE OFFICIAL :	Rafael Cast	ellanos phone:	407-294-	5573
CONTACT NAME:		PHONE:	·	
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR			•	
Z. Facility failed to notify DAN	envito use general permit			
DIDMIN OF FORESCHION				
PART II: CLASSIFICATION	Y			
Facility indicated on notificat	ion form that it is:		ification form	
(check appropriate box) A.		☐ Drop s	tore/out of business/p	etroleum
1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry trai bot	New small area source y-to-dry only, x < 140 gainsfer only, x < 200 gal/yith types, x < 140 gal/yronstructed on or after 12/9	r .	
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr dry 00 gal/yr tra gal/yr bo	New large area source y-to-dry only, $140 \le x \le 2$ insfer only, $200 \le x \le 1,80$ th types, $140 \le x \le 1,800$ instructed on or after $12/2$	00 gal/yr gal/yr	
5. This is a correct facility c	lassification	Y N Can no	t determine	
🚨 facil		permit as number and is not eligible for a go		y cleaning

PART III: GENERAL CONTROL REQUIREMENTS 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 ON ON/A 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DAY DIN DIN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EMYA 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) OY ON 1. Equipped all machines with the appropriate vent controls? OY ON ON/A 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON 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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/Å
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	ΠY	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ПiИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
insţ	pection?	•		ZY ON
2. Has	the facility maintained a leak log?		•	ODY □N
3. Doe	es the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
·	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	Y ON ON/A
	Solvent tanks and containers	CIY ON ON/A	Cartridge filter housings	TY ON ON/A
	Water separators	DAY ON ON/A	,	
4. Wh	ich method of detection is used by th	ne responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces	s)	. 🗖
	Physical detection (airflow felt thr	ough gaskets)	•	
	Odor (noticeable perc odor)		ų	
	Use of direct-reading instrumentat	tion (FID/PID/calorimetri	c tubes)	
	Halogen leak detector	•		
	If using direct-reading instru	imentation, is the equip	ment:	EN/A
	a. Capable of detecting p	oerc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	OY ON
	c. Inspected for leaks and	d obvious signs of wear o	on a weekly basis?	□Y □N
	d. Kept in a clean and se	cure area when not in uso	2?	DY DN
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
		,		
Ilka Bundy 10/19/99				
Inspector's Name (Please Print) Date of Inspection				
Alka Bund				
	Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFOR	MATION:	·
		· .

Orange County Environmental Protection Department

11/1/99 ,

AIRS ID#: 0950348

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

······································			
FACILITY NAME: King of Cleaner:	S, Inc.	DATI	:: <u>10/19/99</u>
FACILITY LOCATION: 5043 Silver	Star Road.		
Orlando, Fl	32808		
Annual Reporting Period: Nov. 17	1998 то	October 19	1999
Based on each term or condition of the Title V general a			DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not	t been in continuous complian	ce during the reporting per	riod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has no	t been in continuous complian	ce during the reporting per	riod stated above:
	· · · · · · · · · · · · · · · · · · ·	· ·	···
Exact period of non-compliance: from	10	0	
Action(s) taken to achieve compliance:		· .	
Method used to demonstrate compliance:			
·			
As the responsible official, I hereby certify, based on ing made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not except for transfer or combination facilities. RESPONSIBLE OFFICIAL: PARALL	te. Further, my annual consurceed 2,100 gallons per year fo	nption of perchloroethylen	e solvent, based 800 gallons per
Name (Please I	Print)	Sighature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1445 TIME OUT: 1530	AIRS ID#: 0950348
TYPE OF FACILITY: Dry Cleaner	i propone
FACILITY NAME: King of Cleaners, Inc.	DATÉ: 10/19/99
FACILITY LOCATION: 5043 Silver Star Ro	oad
<u>Orlando, FL 32808</u>	2011 5573
RESPONSIBLE OFFICIAL: Rafael Castellano	S PHONE NUMBER: 407-294-5573
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
·	
	·
	· · · · · · · · · · · · · · · · · · ·
	,
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10/19/2	OOO proximate)
INSPECTION CONDUCTED BY: Ika Bund) _Y .
INSPECTOR'S SIGNATURE: Like Burch	cáse Print) PHONE NUMBER: 836 - 9524
Page	/ of / Revised 10/96



0354767

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

DEC 2 3 1998

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0950348

KING OF CLEANERS INC RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808 FOR GOVERNMENT US ONLY
Org.: 37550101000 EO: BL
Fund: 20-2-035001
Obj.: 002273

0391001

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

MAIL ROOM
JAN 13 00

Do NOT Remove Label

AIRS ID # 0950348

KING OF CLEANERS INC RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

ARMS	11/8/00
	H

/ COMPLIANC	CE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY □
V .	
RE-INSPEC	TION D
AIRS 10#: 0950348 DATE: 10-30	
FACILITY NAME: King of Cl	eaners og to the
FACILITY LOCATION: 5043 Silv	er Star Road Susan
19	FL 32808
2000	1107-2911-5572
RESPONSIBLE OFFICIAL: Katael	astellanos PHONE: 407-294-5573
CONTACT NAME:	PHONE:
PART 1: NOTIFICATION	
(check appropriate box)	
1. New facility uotified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	
2. I delike the field to flowly is find to disc general	
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it	is: 🔲 No notification form
	is: ☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of business/petroleum 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) 4. New large area source
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) All DN □Can not determine sification: a general permit as number above

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?	DY ON ON/A
2. Examining the containers for leakage?	ENY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part U-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 refrige (complete Λ below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מא מיי אים
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם אם
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?	CIY CIN

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?	IJΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
ļ	inlet and outlet weekly?	ПY	ΠИ	ŪN/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ÜИ	□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?	ΠY	ŪΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
t. Maintained receipts for perc purchased?	MA OW
2. Maintained rolling monthly total of perc consumption?	EN UN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	DAY CIM CINVA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאם אם סאיא
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON BYNA
6. Maintained startup/shutdown/malfunction plan?	DAY CIN
7. Maintained deviation reports?	DY ON DN/A
Problem corrected?	מאאם אם אם
8. Maintained compliance plan, if applicable?	DY DN PAN/A

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection at	ıd repair
inspection?			MAX CIN
2. Has the facility maintained a leak log?			MA ON
3. Does the responsible official check the	following areas for leaks	?	·
Hose connections, fittings, couplings, and valves	UY ON ON/A	Muck cookers	מאס מס באס
Door gaskets and scating	ery on on/a	Stills	ELY ON ONYY
Filter gaskets and scatting	MY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	GA ON ONV	Diverter valves	CAY ON ON/A
Solvent tanks and containers	מ/אם אם צים	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed se			
Physical detection (airflow felt th	rough gaskets)		a .
Odor (noticeable perc odor)			<u> </u>
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	
Halogen leak detector			œ'.
If using direct-reading instr	umentation, is the equip	pment:	EMN/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			מם עם
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			מט עם
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)?			OY ON

Ilka	Bundy
Inspector's	Name (Please Print)
	Runch

10 - 30 - 00 Date of Inspection

Inspector's Signature

10-30-01 Approximate Date of Next Inspection

DDITIONAL SITE IN	FORMATION:			
	•			
		•		
	2	1100		
	7-18-00	45.0		
	•			
			•	
,				



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: King of	Cleaners		DA'	ге: <u>10-30-20-</u>
FACILITY LOCATION: 5043 S	ilver Star	Road		
FACILITY NAME: King of FACILITY LOCATION: 5043 S	, FL 328	08		
			=	
Annual Reporting Period:Octob	er B	<i>5 /99</i> 9 то	October	20 000
Based on each term or condition of the Title V	general air permit, my f	acility has remained	in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A	A.C.), during the period c	overed by this staten	nent. AYES	\square_{NO}
If NO, complete the following:				
#1. Term or condition of the general permit the	nat has not been in contin	mous compliance du	ring the reporting pe	riod stated above:
Exact period of non-compliance: from		to		·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit the	nat has not been in contin	mous compliance du	ring the reporting pe	riod stated above:
Exact 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, ba in this notification are true, accurate and com purchase receipts, does not exceed 2,100 galla	plete. Further, my annu	al consumption of pe	rchloroethylene solv	ent, based upon
combination facilities.	No. Tillan	0.10	Destatta.	10-21-24-0
RESPONSIBLE OFFICIAL: <u>RAPAC</u> (e (Please Print)	Hafar Si	gnature	Date
· · · · · · · · · · · · · · · · · · ·			•	

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [V]	OMPLAIN 1/D	ISCOVERY	RE-INSPE	CTION [
TIME IN: 1015	TIME OUT: 10	50	AIRS ID#: 0	950348	
TYPE OF FACILITY: Dry C	leaner	***			
FACILITY NAME: King O	f Cleaners			DATE: 10-	30-00
	143 Silver Sta	r Road			
		2808			
RESPONSIBLE OFFICIAL: Ra	0		PHONE NUMBER	407-294-	5573
L	compliance requirements ev e 62-213.300, Florida Admin	_	-	cility is found to t	oe in
Based on the results of the discrepancies were noted:	compliance requirements ev	aluated during t	his inspection, the fo	llowing complian	ce
COMPLIANCE REQUI	REMENT/PROBLEM	FO	LLOW-UP ACT	ION REQUI	RED
				, 15.	
				-	
				. /	
				*** ·	
				•	
COMMENTS:					
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Facility	in compliance	ce.			·
The Annual Compliance Certificat	ion form has been properly co	ertified and sub	mitted to the inspecto	or. YES	NO
DATE OF NEXT INSPECTION	' 	30-01 (Approximate)			
INSPECTION CONDUCTED B	TIL	3			
INSPECTOR'S SIGNATURE:_	Uka Bund	(Please Print)	_PHONE NUMBEI	z: 407-836	- 1400
	Pag	e 1 of 1 .			Revised 10/96

P 265 302 229 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. AIRS ID#: 0950348 RAFAEL CASTELLANOS RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808 Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		ceipt Service.	
your RETURN ADDRESS completed on	3. Article Addressed to: AIRS ID#: 0950348 RAFAEL CASTELLANOS RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	Type Indicate the second of t	Certified Insured COD	eturn Re	
ls y	PS Form 3811, December 1994		Domestic Retu	urn Receipt		

261587

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

RECEIVED MAIL ROOM

FEB 26 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0950348

RAFAEL CASTELLANOS RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7916			2
9372	Postage Certified Fee	\$	Postmark 4
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here H
0550	10 AIRS ID # 0950348001AG RAFAEL CASTELLANOS KING OF CLEANERS INC		
5 5043 SILVER STAR ROAD ORLANDO FL 32808			2
	PS Form 3800, Febru	ary 2000	See Reverse for Instructions

ER AT TOP OF ENVELOPE CO. SENDES. IN TOP TOP OF ENVELOPE AT TOP TOP TOP TOP TOP TOP TOP TOP TOP TO	HOIR 3HT OT		
 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 Signature Agent Addressee Delivery address different from item 12 Yes		
1. Article Addressed to: 10 AIRS ID # 0950348001AG RAFAEL CASTELLANOS	D. Is defivery address different from item 1?		
KING OF CLEANERS INC 5043 SILVER STAR ROAD ORLANDO FL 32808	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0520 0020 9372 7916			
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789		

TOTAL AMOUNT DUE: \$50.00

ROB GOVERNMENT USE ONLY Org. 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

KING OF CLEANERS INC RAFAEL CASTELLANOS 5043 SILVER STAR ROAD ORLANDO FL 32808

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage			EIPT Caverage Provided)
77	Postage	\$.	
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급	Return Receipt Fee (Endorsement Required)		Postmark Here
0026	Restricted Delivery Fee (Endorsement Required)	,	
010	Total Pos	Al	RS ID # 0950348
90	Recipient's KING OF (
7000	City, State,	FL 32808	
	PS Form 3800, February 2	000	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 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 G. Signature G. Agent G. Addressee D. Is delivery address different from them 12 Yes		
1. 'Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
AIRS ID # 0950348 KING OF CLEANERS INC RAFAEL CASTELLANOS 5043 SILVER STAR ROAD			
ORLANDO FL 32808	3. Service Type Certified Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 26 KH 24 B9D0111111			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

បានឧម	U.S. Postal S CERTIFIED (Domestic Math ©	MALREC	CEIPT Coverage Provided	
급	Postage	\$		
47.7	Certified Fee		Postmark	
밁	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
0090	Total Postane & Fees	 &	 AIRS ID # 0950348	
10	Recipies KING OF CLEANERS INC			
	RAFAEL CASTELLANOS 5043 SILVER STAR ROAD			
5043 SILVER STAR ROAD City, Sta ORLANDO FL 32808				
	PS Form			ructions

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. 1. Article Addressed to: AIRS ID # 0950348 KING OF CLEANERS INC RAFAEL CASTELLANOS 5043 SILVER STAR ROAD 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address etherent from item 1? If YES, enter delivery address below:		
ORLANDO FL 32808	3. Service Type		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0600 0026 4126 0884			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		