Department of
Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 29, 1997

Mr. Michael Dunn
$1.50 Cleaners
4473 South Semoran Boulevard #4
Orlando, Florida 32822

Re: Facility No. 0951161

Dear Mr. Dunn:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 25, 1997.

Please note that in January 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, Florida 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,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw
cc: Ms. Marie Driscole, Orange County

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY
RE-INSPECTION ☐

AIRS ID#: 095 11 61 DATE: 7/21/97 TIME IN: 300pm TIME OUT: 410 pm

FACILITY NAME: Eldorado Cleaners

FACILITY LOCATION: 4473 S. Semoran Blvd
Orlando Fl 32822

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☐
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☑

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

1. Existing small area source ☐
dry-to-dry only, x≤140 gal/yr
transfer only, x≤200 gal/yr
both types, x≤140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x≤140 gal/yr
transfer only, x≤200 gal/yr
both types, x≤140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 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)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1.	Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N
2.	Examining the containers for leakage?	☑Y	☐N
3.	Closing and securing machine doors except during loading/unloading?	☑Y	☐N
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N
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 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?	☑Y	☐N	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	☑Y	☐N	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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? ☐Y ☐N N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☑N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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? ☐Y ☐N ☑N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☑Y ☐N ☐N/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? ☐Y ☑N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☑Y ☐N
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☑Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan? ☑Y ☐N
7. Maintained deviation reports? ☑Y ☐N

   Problem corrected? ☑Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? ☑Y ☐N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☐
Use of direct-reading instrumentation (PID/FID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

3. Has the facility maintained a leak log? ☑Y ☐N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y	☐N	Muck cookers	☑Y	☐N
Door gaskets and seating	☑Y	☐N	Stills	☑Y	☐N
Filter gaskets and seating	☑Y	☐N	Exhaust dampers	☑Y	☐N
Pumps	☑Y	☐N	Diverter valves	☑Y	☐N
Solvent tanks and containers	☑Y	☐N	Cartridge filter housings	☑Y	☐N
Water separators	☑Y	☐N			

Mike Dunn
Name of Responsible Official

Todd Fletcher
Inspector's Name (Please Print)

Todd Fletcher
Inspector's Signature

7/21/97
Date of Inspection

7/21/98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

TIME IN: 300 pm TIME OUT: 410 pm AIRS ID#: 0951161

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: El Dorado Cleaners DATE: 7/21/97

FACILITY LOCATION: 4473 S. Semoran Blvd
Orlando Fl 32822

RESPONSIBLE OFFICIAL: Mike Dunn PHONE NUMBER: 282-8666

☐ 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
No Rolling Perc. Consumption	NO Follow required

RECEIVED
JUN 29 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 7/21/98
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

0951161

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 300 pm TIME OUT: 410 pm AIRS ID#:

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: El Dorado Cleaners DATE: 7/21/97

FACILITY LOCATION: 4473 S. Semoran Blvd

Orlando FL 32822

RESPONSIBLE OFFICIAL: Mike Dunn PHONE NUMBER: 282-8666

☐ 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
No Rolling Perc. Consumption	NO Follow required
	RECEIVED
	AUG 25 1997
	Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 7/21/98 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher (Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

#0951161

#1.50 Cleaners

-spoke with Michael Dunn-
9/4/97

p.15 5. add HP33/natural gas

El Dorado
$1.50 CLEANERS

"In by 10:00...Out by 4:00 PM"

4473 S. Semoran Blvd.
Suite 4
Orlando, FL 32822

Mike Dunn
(407) 282-8666
Fax (407) 282-7286

RECEIVED

AUG 2 5 1997

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   EL DORADO CLEANERS
2. Site Name (For example, plant name or number):
   $1.50 CLEANERS (ONE DOLLAR FIFTY CLEANERS)
3. Hazardous Waste Generator Identification Number:
   N/A
4. Facility Location:
   Street Address: 4473 S. SEMORAN BLVD #4
   City: ORLANDO County: ORANGE Zip Code: 32822
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951161

Responsible Official

6. Name and Title of Responsible Official:
   Name: MICHAEL DUNN Title: OWNER
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 4473 S. SEMORAN BLVD #4
   City: ORLANDO County: ORANGE Zip Code: 32822
8. Responsible Official Telephone Number:
   Telephone: (407) 282-8666 Fax: (407) 282-7286

Facility Contact (If different from Responsible Official)

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

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase from the manufacturer, 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-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		11-96	11-96		11-96	11-96			
(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 (existing small area source) [_____]

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
[130] gallons (You must fill this in)

(b) If less than 12 months, how many? [8] months
Check why it is less than 12 months: New owner: [X] New store: [X] 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.)

NEW Small F.C.

Existing small area source [____] New small area source [X]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] **OR** Refrigerated condenser [ ]

New small area source
Refrigerated condenser [X]

New large area source
Refrigerated condenser [ ]

(5B) A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.

All steam and hot water generating units exempt [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

7/21/97
Date

#0951161 BEST AVAILABLE COPY

RECEIVED
AUG 25 1997
Bureau of Air Monitoring & Mobile Sources

#1.50 Cleaners
—spoke with Michael Dunn—
9/4/97
P.15 5. add HP33/natural gas

RECEIVED
SEP 26 1997
ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT

RECEIVED
DEC 5 1997
Bureau of Air Monitoring & Mobile Sources

Facility Contact (If different from Responsible Official)

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

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   EL DORADO CLEANERS
2. Site Name (For example, plant name or number):
   $1.50 CLEANERS (ONE DOLLAR FIFTY CLEANERS)
3. Hazardous Waste Generator Identification Number:
   N/A
4. Facility Location:
   Street Address: 4473 S. SEMORAN BLVD #4
   City: ORLANDO County: ORANGE Zip Code: 32822
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951161

Responsible Official

6. Name and Title of Responsible Official:
   Name: MICHAEL DUNN Title: OWNER
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 4473 S. SEMORAN BLVD #4
   City: ORLANDO County: ORANGE Zip Code: 32822
8. Responsible Official Telephone Number:
   Telephone: (407) 282-8666 Fax: (407) 282-7286

Facility Contact (If different from Responsible Official)

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

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase from the manufacturer, 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-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		11-96	11-96		11-96	11-96			
(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 (existing small area source) [_____]

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
[130] gallons *(You must fill this in)*

(b) If less than 12 months, how many? [8] months
Check why it is less than 12 months: New owner: [X] New store: [X] 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.)

Existing small area source [____] New small area source [X]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] OR Refrigerated condenser [ ]

New small area source
Refrigerated condenser [X]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.

All steam and hot water generating units exempt [X]
No such units on-site [ ]

33 HP - NATURAL GAS (MD)

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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 7/21/97

_____ 12/1/97

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0951161

EL DORADO CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

Do NOT Remove Label

Annual Reporting Period: ~~JANUARY~~ 7/21/97 MP 19 98 TO ~~DECEMBER~~ 7/21/98 MP 19 ~~98~~

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been 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: _____

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JUL 23 1998
Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been 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: _____

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

RESPONSIBLE OFFICIAL: MICHAEL DUNN (Name (Please Print)) _____ (Signature) 2-26-98 (Date)

MICHAEL DUNN _____ 7-21-98

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0951161 DATE: 8/12/98 TIME IN: 0945 TIME OUT: 1020

FACILITY NAME: ELDORADO CLEANERS

FACILITY LOCATION: 4473 S. SEMORAN BLVD
ORLANDO FL. 32822

RESPONSIBLE OFFICIAL: MICHAEL DUNN PHONE: 407-282-8666

CONTACT NAME: _____ PHONE: _____

RECEIVED
AUG 27 1998
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y ☐N ☐N/A
2. Examining the containers for leakage?	☑Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/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 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?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☐Y ☐N ☒N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☒N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☒N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☒N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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?	☐Y ☐N ☒N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y ☐N
2. Maintained rolling monthly total of perc consumption?	☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y ☐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?	☒Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☒N/A
Problem corrected?	☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☑N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

8/12/98
Date of Inspection

Assefa Hailemariam
Inspector's Signature

8/12/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 0945 TIME OUT: 1020 AIRS ID#: 0951161

TYPE OF FACILITY: DRY CLEANERS

FACILITY NAME: EL DORADO CLEANERS DATE: 8/12/98

FACILITY LOCATION: 4473 S. SEMORAN BLVD.
ORLANDO FL 32822

RESPONSIBLE OFFICIAL: MICHAEL DUNN PHONE NUMBER: 407-282-8666

☑ 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

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Bureau of Air Monitoring & Mobile Sources

COMMENTS:

FACILITY IN COMPLIANCE

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 8/12/99
(Approximate)

INSPECTION CONDUCTED BY: ASSEFA HAILEMARIAM
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 407-836-9323

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
JUL 23 1998
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 095/161 DATE: 7/21/98 TIME IN: 1130 TIME OUT: 1200

FACILITY NAME: ELDORADO CLEANERS

FACILITY LOCATION: 4473. S. SEMORAN BLVD.
ORLANDO FL. 32822

RESPONSIBLE OFFICIAL: MICHAEL DUNN PHONE: 407-282-8666

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y ☐N ☐N/A
2. Examining the containers for leakage?	☑Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/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 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?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☐Y ☐N ☑N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☑N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☑N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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?	☐Y ☐N ☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☑Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐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?	☑Y ☑N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☑N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

7/21/98
Date of Inspection

Assefa Hailemariam
Inspector's Signature

12/30/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1130 TIME OUT: 1200 AIRS ID#: 0951161

TYPE OF FACILITY: DRY CLEANERS

FACILITY NAME: ELDORADO CLEANERS DATE: 7/21/98

FACILITY LOCATION: 4473. S. SEMORAN BLVD.
ORLANDO FL 32822

RESPONSIBLE OFFICIAL: MIKE DUNN. PHONE NUMBER: 407-282-8666

☐ 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
NO log leak Detecting	
NO Correction Action Form.	

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JUL 23 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

1998 DRY Cleaner compliance Calender given.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 12/30/98 (Approximate)

INSPECTION CONDUCTED BY: Assefa HAILEMARIAM (Please Print)

INSPECTOR'S SIGNATURE: Assefa Hailemariam PHONE NUMBER: 836-9323

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY
RE-INSPECTION ☐ 11/23/98 M.

AIRS ID#: 095 11 61 DATE: 7/21/97 TIME IN: 300pm TIME OUT: 410 pm

FACILITY NAME: Eldorado Cleaners

FACILITY LOCATION: 4473 S. Semoran Blvd
Orlando Fl 32822

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☐
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☑

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

1. Existing small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 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)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

11/23/98 AR

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

TIME IN: 300 pm TIME OUT: 410 pm AIRS ID#: 0951161

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: El Dorado Cleaners DATE: 7/21/97

FACILITY LOCATION: 4473 S. Semoran Blvd
Orlando FL 32822

RESPONSIBLE OFFICIAL: Mike Dunn PHONE NUMBER: 282-8666

☐ 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
No Rolling Perc. Consumption	No Follow required

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JUN 29 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 7/21/98 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher (Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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JUL 26 1999
Bureau of Air Monitoring & Mobile Sources

JB 7-19-99

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0951161 DATE: 7-15-99 TIME IN: 1455 TIME OUT: 1530

FACILITY NAME: Eldorado Cleaners

FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

RESPONSIBLE OFFICIAL: Michael Dunn PHONE: 407-282-8666

CONTACT NAME: _____ PHONE: _____
(Cell p.n.

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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)

5. This is a correct facility classification ☐Y ☑N ☐Can not determine

If no, please check the appropriate classification:
☑ facility qualified for a general permit as number 4 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 150 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/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 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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☐Y ☐N ☑N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☑N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☑N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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?	☐Y ☐N ☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐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?	☑Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☑
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

7-15-99
Date of Inspection

Ilka Bundy
Inspector's Signature

7-15-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Orange County Environmental Protection Department

AIRS ID#: 0951161 AIE

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Eldorado Cleaners DATE: 7-15-99

FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

Annual Reporting Period: Aug 8 19 98 TO July 15 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been 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: _____

#2. Term or condition of the general permit that has not been 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: _____

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

RESPONSIBLE OFFICIAL: MICHAEL DUNN (Name (Please Print)) _____ (Signature) 7/15/99 (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.

JB 7-19-99

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1455 TIME OUT: 1530 AIRS ID#: 0951161

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Eldorado Cleaners DATE: 7-15-99

FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

RESPONSIBLE OFFICIAL: Michael Dunn PHONE NUMBER: 407-282-8666

☑ 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

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 7-15-2000 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

✓ AR 8/14/98

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0951161 DATE: 8/12/98 TIME IN: 0945 TIME OUT: 1020

FACILITY NAME: ELDORADO CLEANERS

FACILITY LOCATION: 4473 S. SEMORAN BLVD
ORLANDO FL. 32822

RESPONSIBLE OFFICIAL: MICHAEL DUNN PHONE: 407-282-8666

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

RECEIVED
JAN 14 2000
Bureau of Air Monitoring & Mobile Sources

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☒Y ☐N ☐N/A
2. Examining the containers for leakage?	☒Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/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 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?	☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☒Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

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?	☐Y ☐N ☒N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☒N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☒N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☒N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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?	☐Y ☐N ☒N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y ☐N
2. Maintained rolling monthly total of perc consumption?	☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y ☐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?	☒Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☒N/A
Problem corrected?	☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☑N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

8/12/98
Date of Inspection

Assefa Hailemariam
Inspector's Signature

8/12/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: _____ TIME OUT: 1020 AIRS ID#: 0951161

TYPE OF FACILITY: DRY CLEANERS

FACILITY NAME: EL DORADO CLEANERS DATE: 8/12/98

FACILITY LOCATION: 4473 S. SEMORAN BLVD.
ORLANDO FL 32822

RESPONSIBLE OFFICIAL: MICHAEL DUNN PHONE NUMBER: 407-282-8666

☑ 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

COMMENTS:

FACILITY IN COMPLIANCE

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 8/12/99
(Approximate)

INSPECTION CONDUCTED BY: ASSEFA HAILEMARIAM
(Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: 407-836-9325

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RBMS 7-28-00 JB

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐

RE-INSPECTION ☐

RECEIVED
AUG 2 8 2000
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0951161 **DATE:** 7-26-00 **TIME IN:** 1352 **TIME OUT:** 1520

FACILITY NAME: Eldorado Cleaners

FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

RESPONSIBLE OFFICIAL: Michael Dunn **PHONE:** 407-282-8666

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

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 ≤ 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)

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)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 260 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/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 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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☑Y	☐N	☐N/A
Is the temperature differential equal to or greater than 20° F?	☑Y	☐N	☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y	☐N	☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☑N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, 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?	☐Y	☐N	☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐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?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☑N/A

   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

7-26-00
Date of Inspection

Ilka Bundy
Inspector's Signature

7-26-01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Dave

2-19-99 40.0
8-20-99 40.0
12-3-99 40.0
6-25-99 30.0
5-21-99 40.0
190.0 – JAN 2000
-110
80

7-7-00 50.0
1-28-00 50.0
3-16-00 40.0
4-20-00 40.0
180.0
180.0
80
260.0

1998
12-18-98 30.0
10-23-98 30.0
7-31-98 25.0
5-29-98 20.0
4-9-98 20.0
1-23-98 40.0
165.0

1997
12-1-97 30.0
9-5-97 30.0
60.0

1999
2-19-99 40.0 OK
5-22-99 40.0 ← ?
6-25-99 30.0 ← ?
2-5-99 30.0 ← (1)
JAN ?
5-14-99 40.0 ← (2)
(Feb)
8-18-99 ← (3)
JUNE ?
12-3-99 ← (4)
NOV

2000
3-31-2000 ← (5)
2 mos?
7-7-2000 > 3/13 4/21 > Perc del. ← (6)

permit: rec'd 25 Aug 1997 – Has records 1997 in house
Issued 05- SEP 1997 – Has records 1998 in house
Exp 05- SEP 2002 – Has records 1999 in house
– Has 2000 records in house.

IRS ID#: 0951161

BEST AVAILABLE COPY

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ATHMS 7-28-00 JB

ACILITY NAME: Eldorado Cleaners DATE: 7/26/00

ACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

nnual Reporting Period: July 15, 1999 TO July 26 2000

ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

F NO, complete the following:

1. Term or condition of the general permit that has not been 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: _____

2. Term or condition of the general permit that has not been 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: _____

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

RESPONSIBLE OFFICIAL: MICHAEL DUNN _____ 7/26/00
Name (Please Print) Signature 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 ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1352 TIME OUT: 1520 AIRS ID#: 0951161

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Eldorado Cleaners DATE: 7-26-00

FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando, FL 32822

RESPONSIBLE OFFICIAL: Michael Dunn PHONE NUMBER: 407-282-8666

☑ 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

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 7-26-01
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

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

304091

Do NOT Remove Label

AIRS ID#0951161
EL DORADO CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

RECEIVED
MAIL ROOM
MAR 2 98

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363389

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
MAR -8 99

Do NOT Remove Label

AIRS ID # 0951161
$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389432

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
DEC 13 99

Do NOT Remove Label

AIRS ID # 0951161
$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403116

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

1-18-01pd

RECEIVED
MAIL ROOM
JAN 18 01

Do NOT Remove Label

AIRS ID # 0951161
$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Z 333 613 674

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to

AIRS ID 0951161

EL DORADO CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Fold at line over top of envelope to

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0951161

EL DORADO CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

4a. Article Number
Z 333 613 674

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery 2-14-98

5. Received By: *(Print Name)* Jessica Candelaria

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

P 174 052 254

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0951161

$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

SENDER:
- Complete items 1
- Complete items 3, 4a, and 4b.
- 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.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0951161
$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

4a. Article Number
P 174 052 254

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 2-27-99

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

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

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Z 333 660 439 1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to

AIRS ID # 0951161

$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0951161

$1.50 CLEANERS
MICHAEL DUNN
4473 S SEMORAN BLVD #4
ORLANDO FL 32822

4a. Article Number
Z 333 660 439

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-19-99

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400