

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 23, 1998

Mr. Vishwani Persaud Crystal Penthouse 4304 Curry Ford Road Orlando, Florida 32806

Re: Facility No.: 0951178

Dear Mr. Persaud:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 2, 1998.

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, 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: Ms. Marie Driscoll, Orange County

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

ρ/3	0951178 Add City
7	Odd Organization/Firm
	add City
	4

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
adrois Inc
2. Site Name (For example, plant name or number):
Crystal Penthouse & Cleaners
9. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address:
City: OALAN DO 1 PL County: Zip Code:
City: OALANDO, FL County: Zip Code: 4264 CUrry ford Orange 32806 S. Facility: Identification Number. (DEP Use):
S. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
Uishwani Persaud (President)
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address:
Street Address: City: City: Responsible Official Telephone Number: Telephone: (107) Secret Address: Zip.Code: Zip.Code: Fax: ()
8 Responsible Official Telephone Number:
Telephone: (407) 8-98-70 ≤ 1 Fax: $()$
401 048 - 1051
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
y rame and this of taoming contact (to orange)
10. Facility Contact Address:
Street Address:
Street Address: City: County: Zip Code:
County. Zip code.
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
Telephone: () - Fax: () -
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Telephone: () - Fax: () -

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine Initially Purchased Initially Initially Initially Purchased Initially Purchased Initially Initially Purchased Initially Initial			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Installed ID Purch			Machine	Control		Machine	Control		Machine	Control
Example ### 03-OCT-93 12-NOV-93 ### 08-DEC-91 ### 02-MAR-92 02-MAR Dry-to-Dry Unit			-			1			1	1
Dry-to-Dry Unit (1) w/ ref. condenser (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 Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls	Example	# /	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (10) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (10) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (15) w/ carbon adsorber (10) w/ carbon adsorber (1	Dry-to-Dry Unit		<u> </u>							
(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 (12) w/ no controls (c) No control devices are required to be installed [1.3.5	1	120/92	1-20-92						
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 (c) No control devices are required to be installed (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (e) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: New store: New sto										
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit	(3) w/ no controls		· ·							
(5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ no controls (19) w/ no controls	Washer Unit									
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(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/ no controls (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/c	1, ,									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? # O	Dryer Unit		•							
(9) w/ no controls	(7) w/ ref. condenser					_				
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/ no control devices are required, but not yet installed (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorbe	(8) w/ carbon adsorber				ļ — —			1		
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/ no controls (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w	(9) w/ no controls							<u> </u>		
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [40] gallons (b) If less than 12 months, how many? [5] months Check why it is less than 12 months: New owner: [10] Did not keep records: [10] 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 [10] New small area source [11]	Reclaimer Unit								.1	
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(10) w/ ref. condenser	_				<u> </u>			1	
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 40 gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] 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	(11) w/carbon adsorber			,						
(c) No control devices are required to be installed	(12) w/ no controls							†	_	
(Indicate with an "X". Select one classification only.) Existing small area source [] New small area source	(c) No control devices 2.(a) What was the total (are r quant gallo	equired to be ity of perchlons ow many? [e installed [_oroethylene ([perc]) purchased i				: []
Existing large area source New large area source	(Indicate with an "X". Existing small as	Selec rea so	ct one classif	ication only.) ew si	mall area sou	rce [(3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 Refrigerated condenser
New small area source Refrigerated condenser
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to 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 (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site 1
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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
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(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)

Please indicat	e with an "X" the appropriate selection:										
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)										
No air permits currently exist for the operation of the facility indicated in this notification form.											
	Responsible Official Certification										
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in lication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.										
I will pro	mptly notify the Department of any changes to the information contained in this notification.										
Signature	hemen Jersmel 1-27-98 Date										

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Street A	,		•		
City:			The second secon		06
8. Respon					
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9. Name and	Title of Facility Contact (Fo	or example, plant m	anager):		
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10. Facility Co	ntact Address:				
Street Add	ress:		-	.	
City:		County:		Zip Code:	
	entact Telephone Number				
11. Facility Co	mace relephone rumber.				
11. Facility Co Telephone	: () -	٠.	Fax: ()	-	

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sagroiz Inc
2. Site Name (For example, plant name or number):
Chinalal Doubleman Classica
Crystal Penthouse Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: 1/204 Cu oty Live Pd
City: ORLANDS F-LOILEA County: Zip Code:
4264 Corry Forded Orange 32806
4. Facility Location: Street Address: 4304 Curty Ford Rd City: ORLANDO: FLOTICA County: L304 Curty Ford Rd Orange Zip Code: X: Facility: Identification Number (DEP Use):
1
Responsible Official
6. Name and Title of Responsible Official:
Dance of Dross don't
Uishwani tersaud Presiden
7. Responsible Official Mailing Address:
Organization/Firm: Sadroz Inc
Street Address: City: Orlando FL Zip Code: 4204 Corry For A RD Orange 32806
11201 (1200 ford to Ovarage 32806
8. Responsible Official Telephone Number:
Telephone: (407) 898-7051 Fax: ()
Facility Contact (If different from Responsible Official)
9: Name and Title of Facility Contact (For example, plant manager):
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3-2
10. Facility Contact Address:
10. Facility Contact Address: Street Address: City: County: Zip Code: Sign Code: County: Coun
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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DEP Form No. 62-213.900(2) Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

	,,,	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased \	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	102-MAR-92	02-MAR-S
Dry-to-Dry Unit				_					_
(1) w/ ref. condenser	1	100/92	1-20-92			· .			
(2) w/ carbon adsorber									
(3) w/ no controls		•		ı					
Washer Unit			_						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	<u> </u>								
(7) w/ ref. condenser									
(8) w/ carbon adsorber							i		
(9) w/ no controls									
Reclaimer Unit		<u> </u>			·			<u> </u>	
(10) w/ ref. condenser			T	Γ.,	1				Γ
(11) w/carbon adsorber									
(12) w/ no controls		 			-				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchloons ow many? [installed [perc)	purchased in			·	
3. What is the facility's so (Indicate with an "X". Existing small an	Sele	ct one classif	ication only.))	initions found		3) of	Part II?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [j		

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

	4. What control technology is required on machines pursuant to section (5) of Part II of this (Indicate with an "X".)	notification form?
	Existing large area source Carbon adsorber Refrigerated condenser New result area source	
	New small area source Refrigerated condenser	
	New large area source Refrigerated condenser []	
	5. A facility which contains non-exempt emissions units shall not be eligible to use the gento Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site me exemption criteria or that no such units exist on-site:	
	All steam and hot water generating units on-site (1) have a total heat input of 10 million Baboiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural during which propane or fuel oil containing no more than one percent sulfur is fired.	
	All steam and hot water generating units exempt No such units on-site	r 19 hom 1. 99.
	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	
	(c) Refrigerated condenser temperature monitoring	
	(d) Carbon adsorber exhaust perc concentration monitoring	
	(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)

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Ρŀ	ease indicat	e with an "X" the appropriate selection:							
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
		No air permits currently exist for the operation of the facility indicated in this notification form.							
		Responsible Official Certification							
	this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
	l will pro	mptly notify the Department of any changes to the information contained in this notification.							
	Signature	hener Jessmel 1-27-98 Melwor Ford 1-27-98							

9/3 7 Add Organization/Firm Add City

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
adros The
2. Site Name (For example, plant name or number):
Crystal Penthouse Cleaners
3. Hazardous Waste Generator Identification Number: 4. Facility Location:
4. Facility Location:
Street Address:
4304 Curry tord Orange 32806
Facility Identification Number (DEP Use): 0751176
Responsible Official
6. Name and Title of Responsible Official:
Wishwani Persaud (President)
7. Responsible Official Mailing Address: Organization/Firm:
Street Address: City: Zip.Code; Zip.Code;
4304 Curry ford to Orange 32806
8. Responsible Official Telephone Number:
Telephone: (467) 898-7051 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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

Bureau of Air Monitoring & Mobile Sources

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.

F		r>	15.		Trs .]r>		TD .	ъ.
		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
Turne of Markins	115	Initially	Device	~nD	Initially	Device	תו	Initially	Device
Type of Machine	ID	Purchased	lnstalled	1D	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	/2-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MMR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1/192	1-20-92)]				
(2) w/ carbon adsorber		1201	1	<u> </u>	1			 	1
(3) w/ no controls		•		1	ļ			 	
Washer Unit		L			_1				
(4) w/ ref. condenser								T	
(5) w/ carbon adsorber									
(6) w/ no controls						_	_		
Dryer Unit			1		······································	- '			ــــــــــــــــــــــــــــــــــــــ
(7) w/ ref. condenser		1							
(8) w/ carbon adsorber			-						1
(9) w/ no controls									
Reclaimer Unit			·			<u> </u>		-\- <u>-</u>	J
(10) w/ ref. condenser			,-						1
(11) w/carbon adsorber						<u> </u>	-		
(12) w/ no controls									
(b) Control devices are(c) No control devices	are r	equired to be	installed [_						
2.(a) What was the total of [40]			oroethylene ((perc)) purchased i	n the latest 12	2 moi	aths?	
(b) If less than 12 mont Check why it is less	hs, h than	ow many? [_, n 12 months:	≶ months New owner:	[<u>•</u>	New store	:: [] Did	not l	ceep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	ource []	И	ew sr	nall area sou	rce 📜			
Existing large ar	ea so	urce []	И	ew la	rge area soui	-ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 Refrigerated condenser []
New small area source Refrigerated condenser [i]
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 (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site [] 12 40-5 erc war 199_
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
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(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)

Please indica	ate with an "X" the appropriate selection:
<u> </u>	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 noti stateme maintai	idersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
· I will pr	omptly notify the Department of any changes to the information contained in this notification.
Signatu	sheyer Jegsmed 1-27-98 Date Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:	ANNUAL	0 2	COMPLAINT/DISC	OVERY	AUG 2 6 1000
	RE-INSPECTION			D.	26 1999
	- 2 290	9	1515	<u> </u>	Teau of LAGE Manitoring
AIRS 10#: 0951178		# TIME IN	1: <u>-0900</u> #TIN	1E OUT:	0910 Sources
FACILITY NAME:		ouse CI	eaner		· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION: _ L	1304 Curry	Ford R	d		
_(Orlando FL	32806	-2000		<u> </u>
RESPONSIBLE OFFICIAL	· Sadru Rato	ansi lye/	PHONE: 407-	898-	7051
CONTACT NAME:	ishwani Persa	ivd	PHONE:		
	(New owner	\rangle			
	comp back after	er 3:00 - See	Paul _		
PART I: NOTIFICATION	:				· · ·
(check appropriate box)					
1. New facility notified DARM	4 30 days prior to startup)		•	
2. Facility failed to notify DAI	RM to use general permit	t .			
PART II: CLASSIFICATIO	N				
Facility indicated on notificate	tion form that it is:	٨.	☐ No notification for		
(check appropriate box)	,	dr_	Drop store/out of	business/	octrolouni Lin future
A. 1. Existing small area sou	urce DZ 2.	New small a	, , ,		see add'l
dry-to-dry only, x < 140 ga			x < 140 gal/yr		_
transfer only, $x < 200 \text{ gal/y}$		ansfer only, x			info
both types, x < 140 gal/yr (constructed before 12/9/91		oth types, $x < 1$			
(constructed before 12/9/91) (0	constructed on	or after 12/9/91)		l
3. Existing large area sou	rce 🗆 4.	. New large a	rea source	ū	1 .
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2,100 \text{ gal/}$	yr	l
transfer only, $200 \le x \le 1.8$			$0 \le x \le 1,800 \text{ gal/yr}$		i.
both types, $140 \le x \le 1,800$ (constructed before 12/9/91			\leq x \leq 1,800 gal/yr or after 12/9/91)		
(constructed before 12/9/91) (0	onstructed on	or and 12/9/91)		i
5. This is a correct facility	classification [IY ON	□Can not determin	e	\ .
If no, please check the	e appropriate classification	on:			
☐ faci	lity qualified for a genera				Į.
☐ faci					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? ON ON/A 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? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN EMYA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			ON ON			
2. Has the facility maintained a leak log?			MY ON			
3. Does the responsible official check the f	following areas for leaks?					
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A			
. Door gaskets and scating	אוחם אנס צים	Stills	DY ON ON/A			
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	DY ON ON/A	Diverter valves	CAY ON ON/A			
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	MY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	olvent on exterior surfaces	s) .	a			
Physical detection (airflow felt the	rough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)				
Halogen leak detector						
If using direct-reading instr	19N/A					
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	OY ON			
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	DY DN			
d. Kept in a clean and so	ecure area when not in us	se?	DY DN			
e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	DY DN			
Ilka Bundy 8-3-99						
Inspector's Name (Please Print) Date of Inspection						
Ilha Bund		8-3-200	<u>)</u>			
Inspector's Signature		Approximate Date of	Next Inspection			

G-18-99 Sadru Ratans; left approximately

Tyr. ago. Vishwan: Persaud is

the new owner. I left an Ain

General Permit and a 1999 Compliance

Calendar @ Penthouse Cleaners.

Previous name: Crystal Penthouse Cleaners
New name: Penthouse Cleaners
Spoke to Paul Isukh
Sept. I. will be

Orange County Environmental Protection Department

AIRS ID#:	0951178	

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Crysto FACILITY LOCATION: 4304	Curry Ford	Kd.		
Annual Reporting Period:	-6	_19 <i>9</i> TO	8-3	19_99
Based on each term or condition of the 62-213.300, Florida Administrative Cool If NO, complete the following: #1. Term or condition of the general per	de (F.A.C.), during the perio	d covered by this state	ment. DYES	□NO
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance				
#2. Term or condition of the general pe	ermit that has not been in co	ntinuous compliance o	luring the reporting pe	riod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance: Method used to demonstrate compliance	e:			
As the responsible official, I hereby cer made in this notification are true, accuration rolling averages of purchase rece year for transfer or combination facility RESPONSIBLE OFFICIAL:	rate and complete. Further, ipts, does not exceed 2,100	my annual consumpti gallons per year for di DLIF Dha	on of perchloroethyle	ne solvent, based

^{*}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 🗹	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 0315 pm TYPE OF FACILITY: Dry	TIME OUT:	0345pr	AIRS ID#:	0951178
FACILITY NAME: Crys-	tal Penthouse	Clean Rd. 3280		DATE: 8-3-99
RESPONSIBLE OFFICIAL:		ansi		er: 407-898-7051
	he compliance requirement ule 62-213.300, Florida Á			facility is found to be in
Based on the results of the discrepancies were noted	he compliance requiremend:	its evaluated d	uring this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW-UP AC	TION REQUIRED
				Vier
,				
		,		
		r. I t.	, 11 %	
€	<u>;</u> :	· ·.		.*
COMMENTS: Facility in	n compliance	٥,		
The Annual Compliance Certification	C	rly certified a		ctor. YES NO
DATE OF NEXT INSPECTION	T 1	(Approx	imate)	
INSPECTION CONDUCTED INSPECTOR'S SIGNATURE:		(Please	Print)	er: 836-9524
		Page of	1.	Revised 10/96

MESSAGE CONFIRMATION

JAN-06-'98 TUE 12:28

TERM 1D:

P-9999

TEL NO:

	NO.	DATE	ST. TIME	TOTAL TIME	I D	DEPT CODE	OK	NG	
į	395	01-05	12:25	00°02°32	407 836 7499		Ø3	00	ĺ

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Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAXITIDISCOVER ANDIDAL. 1178 RE-INSPECTION 7/2/97 TIME IN: 100 TIME OUT: 2:15 DATE: FACILITY NAME: __ Crystal Penthouse Cleaners FACILITY LOCATION: 4304 Covry-ford Rd PARTI: NOTHICATION (check appropriate box) \Box 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup \Box 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) \Box 2. New small area source 1. Existing 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 on or after 12/9/91) (constructed before 12/9/91) \Box 4. New large area source 3. Existing large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) UИ This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number _____above \Box 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 120 gallons.

DADT III. CENEDAL CONTROL DECOMPOSA	
PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	LIY LIN A A
2. Examining the containers for leakage?	UY,UN NA
3. Closing and securing machine doors except during loading/unloading?	שאי נוא
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	IJ√ UN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY UN WWIA
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 (complete A below).	a refrigerated condenser
If classification 3 has been checked, the machine should be equipped with condenser or a carbon adsorber (complete A and B below). Carbon adsorinstalled prior to September 22, 1993	·
If classification 4 has been checked, the machine should be equipped with (complete \dot{A} and B below).	n a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

(check appropriate boxes)

condenser upon opening the door?

condenser on a weekly basis?

condenser exceeded 45° F7

Revised 10/28/96

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UN	M/A
UN	Alu
ИП	איאנט
ПN	ŨΝ/Λ
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PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for pere purchased?	RA UN			
2. Maintained rolling monthly averages of perc consumption?	UY UN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 lns? or;	DA CN			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	יאט צט			
4. Maintained calibration data? for direct reading instruments only)	מאלט אנט צנט			
5. Maintained exhaust duct monitoring data on perc concentrations?	עא און און			
6. Maintained startup/shutdown/malfunction plan?	MET YES			
7. Maintained deviation reports?	UK, UN			
Problem corrected?	CKY LIN			
8. Maintained compliance plan, if applicable?	מאַט אט אָט			

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

PART VI: LEAK DETECTION AND REPAIRS

2.	Which method of detection is used by th	e responsi	ible offic	ial?	-	
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt three	ough gask	cts)	•	Ĺ)	
	Odor (noticeable perc odor)				С	
	Use of direct-reading instrumentat	ion (FID)	PID/calo	rimetrie tubes)	\Box	
	If using direct-reading instrume	ntation, i	s the equ	ipment:		
	a. Capable of detecting p	ere vapor	concenti	rations in a range of 0-500 ppm?	CIY C	IN
	b. Calibrated against a st (PID/FID only)?	andard ga	as prior to	o and after each use	EIY L	И
	c. Inspected for leaks and	d obvious	signs of	wear on a weekly basis?	DY C	M
d. Kept in a clean and secure area when not in use?					UY C	IN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					UY C	JN ,
3. Has the facility maintained a leak log?					CIY C	.kir
4.	Does the responsible official check the	following	areas for	lcaks?		
	Hose connections, fittings, couplings, and valves	OY.	ÜИ	Muck cookers	UÝ	UИ
	Door gaskets and scating	CXX	UN	Stills	CY	ПN
	Filter gaskets and scating	CAY.	ON	Exhaust dampers	CAY	ÜМ
	Pumps	CY	ПN	Diverter valves	ΔY	UN
	Solvent tanks and containers	ĽΥ	ПN	Cartridge filter housin	gs DY	ПN
	Water separators	ŒΥ	ИП	1700		

Sadvu Radaus, Name of Responsible Official Todd Fletcher 7/2/97
Date of Inspection Inspector's Name (Please Print) Approximate Date of Next Inspection

Inspector's Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 100 TIME OUT: 7	15 AIRS ID#: 09 60104
TYPE OF FACILITY: Dry Che uner	
	Se Cleuners DATE: 7/7/97
FACILITY LOCATION: 4304 CUVY ford	Rd
e 1 Ω 1	82806
RESPONSIBLE OFFICIAL: Sadvu Ratanis	PHONE NUMBER: 898-7051
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis Based on the results of the compliance requirements eval	trative Code (F.A.C.).
discrepancies were noted:	3 · , , · · · · · · · · · · · · · · · ·
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perc Consumption Log	
No leak Detection Log	
No Corrective Action Form	
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1/2/98
	Approximate)
INSPECTION CONDUCTED BY: 1000	Fletcher
INSPECTOR'S SIGNATURE	Please Print) PHONE NUMBER: 836-9524

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	U .	COMPLAINT/DISCOVERY			
	RE-INSPECTION					
AIRS ID#: 0951178 I	DATE: 7/1/98	TIME IN	1: 10:30 TIME OUT: 1	1:15		
FACILITY NAME: Crystal Penthouse Cleaner FACILITY LOCATION: 4304 CUrry-Ford Rd						
FACILITY LOCATION:	m 1 1	0 Y Y - 40	77.00/			
<u> </u>	Orlando	<u> </u>	31806			
RESPONSIBLE OFFICIAL:	Sadvy K	atans	PHONE: 407 - 898	7051		
CONTACT NAME:			PHONE:			
PART I: NOTIFICATION			K			
(check appropriate box)			DE J. C			
1. New facility notified DARM	30 days prior to startup					
2. Facility failed to notify DARI	M to use general permit		10 Jan 10 1			
	-		Sall y			
PART II: CLASSIFICATION	J		~ ·-			
Facility indicated on notification (check appropriate box)			☐ No notification form a ☐ Drop store/out of business/pe	trolcum		
(check appropriate box) A.	ion form that it is:		☐ Drop store/out of business/pe	trolcum		
(check appropriate box) A. 1. Existing small area sour	ion form that it is:	New small a	☐ Drop store/out of business/pe	trolcum		
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	rce 2. /yr dr	y-to-dry only, ansfer only, x	☐ Drop store/out of business/pearea source ☐ x < 140 gal/yr < 200 gal/yr	trolcum		
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. /yr dr	ry-to-dry only, ansfer only, x oth types, x <	☐ Drop store/out of business/pearea source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr	trolcum		
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	rce 2. /yr dr	ry-to-dry only, ansfer only, x oth types, x <	☐ Drop store/out of business/pearea source ☐ x < 140 gal/yr < 200 gal/yr	trolcum		
(check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour	rce 2. /yr dr bo (c)	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a	Drop store/out of business/pearea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) Trea source	trolcum		
(check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2	rce 2. (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ry-to-dry only, ansfer only, x oth types, x < constructed on . New large a ry-to-dry only,	☐ Drop store/out of business/per area source ☐ $x < 140$ gal/yr < 200 gal/yr $= 140$ gal/yr or after $= 12/9/91$) area source ☐ $= 140 \le x \le 2,100$ gal/yr	trolcum		
(check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	rce 2. /yr dr /cc	ry-to-dry only, ansfer only, x oth types, x < constructed on . New large a ry-to-dry only, ansfer only, 2	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr x < 140 gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr	trolcum		
(check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2	ree 2. /yr dr /yr dr /cc /cc /ree 4. ,100 gal/yr dr /gal/yr bo	cy-to-dry only, ansfer only, x oth types, x < constructed on . New large a cy-to-dry only, ansfer only, 2 oth types, 140	☐ Drop store/out of business/per area source ☐ $x < 140$ gal/yr < 200 gal/yr $= 140$ gal/yr or after $= 12/9/91$) area source ☐ $= 140 \le x \le 2,100$ gal/yr	trolcum		
 (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	ree 2. /yr dr tra bc (c) ree 4. ,100 gal/yr dr 00 gal/yr bc gal/yr bc	cy-to-dry only, ansfer only, x oth types, x < constructed on . New large a cy-to-dry only, ansfer only, 2 oth types, 140	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr x < 140 gal/yr x < 12/9/91) Area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr x < 1,800 gal/yr	trolcum		
 (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility c 	ree 2. /yr dr /yr dr /cc 4. /100 gal/yr dr /gal/yr boologal/yr boo	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, 2 oth types, 140 constructed on	Drop store/out of business/per area source $x < 140 \text{ gal/yr}$ x < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr x < 1,800 gal/yr or after $12/9/91$) x < 1,800 gal/yr or after $12/9/91$)	trolcum		
(check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ree 2. /yr dr /y	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 2 oth types, 140 constructed on Y □N on:	Drop storc/out of business/per area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 < x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	trolcum		

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ĽΙΥ	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	Пи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПΝ	□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?	ΩY	ΩΝ	□N/A

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

r E	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?					tw	
2.	Has the facility maintained a leak log?					ΠY	DEN .
3.	Does the responsible official check the fe	ollowi	ing ar	reas for leak	s?		
	Hose connections, fittings, couplings, and valves	MY	ÜN	UN/Λ	Muck cookers		IN □N/A
	Door gaskets and scating	MY	ПN	□N/A	Stills	ON C	ĬN □N\V
	Filter gaskets and scating	, WY	ÜN	ÜN/A	Exhaust dampers	WY L	א/אנט או
	Pumps	EXY	ПΝ	C]N/A	Diverter valves	EHY C	IN CIN/A
	Solvent tanks and containers	WY	DИ	□N/A	Cartridge filter housings	DYC	IN □N/A
	Water separators	ØΥ	ÜИ	CIN/A			
4.	Which method of detection is used by the	ic rest	onsil	ble official?			
	Visual examination (condensed so	lvent	on cs	eterior surfa	ces)	a	
l	Physical detection (airflow felt thr	ough	gasko	cts)			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						.
If using direct-reading instrumentation, is the equipment:						MN/A	
	a. Capable of detecting p	ocrc v	apor	concentratio	ons in a range of 0-500 ppm?	OY (ЛИ
	b. Calibrated against a s (PID/FID only)?	tanda	rd ga	s prior to an	nd after each use		אכ
ľ	c. Inspected for leaks an	d obv	ious s	signs of wea	ir on a weekly basis?		В
	d. Kept in a clean and so	ccure	arca	when not in	use?	CIY (אב
	e. Verified for accuracy	by use	c of d	uplicate sar	uples (calorimetric only)?	□Y (אכ
	Asscha Hailenaria 7/1/48 Inspector's Name (Please Print) Date of Inspection 12/1/98						
_	Jugadar's Signature	2.046	ice	try.	Approximate Date of	"Novt lu	anadian

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

TYPE OF INSPECTION:	ANNUAL [1	COM	PLAINT/DI	SCOVERY	RE-IN	SPECTION
TIME IN: 10:30	TIME OUT:	:	15	AIRS ID#:	0951	178
TYPE OF FACILITY:	Dry Cleans	e V			·	
FACILITY NAME:	Crystal P	entl	10054	Clean	ev DATE:	7/1/98
FACILITY LOCATION:	4884 Cc	4 XXXC	ford	KG.		
	Orlando	<u> </u>		32806		·
RESPONSIBLE OFFICIAL:_	Sadvu k	Zatan	-5 1	_PHONE NUMBI	ER: (407)	898-7051
compliance with DEP	of the compliance requirement Rule 62-213.300, Florida A	Administra	tive Code (I	F.A.C.).	ŕ	
discrepancies were no				•		
COMPLIANCE REC	QUIREMENT/PROBL	LEM	FOI	LLOW-UP AC	TION REQ	UIRED
NO Perc	Comsumptio	n			•	
No leak	Detection			*	AKC.	^
NO COVY	nective Act	tion		\$ A	JUL 25 199	1
					Sources Nonlitoring	
COMMENTS:	\ '		C		(
second i	uspection. T	This -	tacili	ty in m	od Co	mplying
with it	nspection. To s behave Air compliance C	V Pa	rmit.	w.11 /	seein n	sing the
The Annual Compliance Certi	fication form has been prope	erly certifi	ed and subn	nitted to the inspec	ctor. YES	NO
DATE OF NEXT INSPECT	10и:	DO LA	proximate)	tile	> 17	11198
INSPECTION CONDUCTE	D BY:	ODD		tchev		
INSPECTOR'S SIGNATUR	E: Ook J.	Julia	_\	PHONE NUMB	ER:	

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY C TULE V GENERAL PERMIT COMPLIANCE INSPECTION CHECK	
	PLAMITADISCOVERY (3
march 18th 98 RE-INSPECTION LI	
AIRS 1011: 0950104 DATE: 7/2/97 TIME IN: 1	100 TIME OUT: 2:15
FACILITY NAME: Crystal Penthouse C	leaners
FACILITY LOCATION: 4304 Corry ford	
Orlando Fl. 32	· · · · · · · · · · · · · · · · · · ·
PARTE NOTEICATION	1 1 mm mariem and a state of the state of th
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	aspection for a
2. New facility notified DARM 30 days prior to startup 0951178	on 7/2/97 is
3. Facility failed to notify DARM to use general permit	7
NO) IC	ARMS. Do you
PART II: CLASSIFICATION Want me	to add it into
Facility indicated on notification form that it is: (check appropriate box) ARMS	to add it into? Discorred Like Bundy
Λ.	
1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<1/	\1
dry-to-dry only, x<140 gal/yr dry-to-dry only, x<14 transfer only, x<200 gal/yr transfer only, x<200	
both types, x<140 gal/yr both types, x<140 gal	
(constructed before 12/9/91) (constructed on or af	(CF 12/9/91)
3. Existing large area source 4. New large area s	
dry-to-dry only, 140 <x<2, 100="" 140="" 200<x<="" 200<x<1,800="" dry-to-dry="" gal="" only,="" td="" transfer="" yr=""><td><x<2, 100="" gal="" yr<br=""><1.800 gal/yr</x<2,></td></x<2,>	<x<2, 100="" gal="" yr<br=""><1.800 gal/yr</x<2,>
both types, 140 <x<1,800 140<x<1<="" both="" gal="" td="" types,="" yr=""><td><1,800 gal/yr</td></x<1,800>	<1,800 gal/yr
(constructed before 12/9/91) (constructed on or a	icr 12/9/91) Mo of AN
This is a correct facility classification	1,800 gal/yr R00 gal/yr (cr 12/9/91) Bureau of Air Monitoring Above
If no, please check the appropriate classification:	ZOO ZOO E
facility qualified for a general permit as number facility exceeds above limits and is not eligible for a ge	above oring
B. The total quantity of perchloroethylene (perc) purchased within the parties of gallous.	receding 12 months by this dry cleaning

PART IV: PROCESS VENT CONTROLS				
n Part Π-Λ:				
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 Λ below).				
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	אט אט			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	איאם אס אס			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	CY CN			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עם			

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? 	טין שא אלת
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	בא מא אלא
Is the temperature differential equal to or greater than 20° F?	DY ON NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	/ . - OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	און איני צני און
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?	CIY ON J/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בוץ טא טא/א
6. Routed airflow to the carbon adsorber (if used) at all times?	ע/אט אט אים
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for pere purchased?	QV ON
2. Maintained rolling monthly averages of perc consumption?	עם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DA MY
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ואט צום
4. Maintained calibration data? for direct reading instruments only)	חואלט אנו צנו
5. Maintained exhaust duct monitoring data on perc concentrations?	UY ON MA
6. Maintained startup/shutdown/malfunction plan?	u√ un
7. Maintained deviation reports?	אט אט
Problem corrected?	באי שא
8. Maintained compliance plan, if applicable?	DY DN DN/A
PART VI: LEAK DETECTION AND REPAIRS	

2. V	Which method of detection is used by t	he respons	sible offic	ial?		
	Visual examination (condensed so	olvent on	exterior s	urfaces)	(3/	
	Physical detection (airflow felt th	rough gas	kc(s)		O	
	Odor (noticeable perc odor)				Ü	
	Use of direct-reading instruments	ition (FH)	/PHD/calo	rimetric tubes)	Ü	
	If using direct-reading instrume	entation,	is the equ	ipment:		
	a. Capable of detecting	pere vapo	r concent	rations in a range of 0-500 ppm?	DY C	М
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior t	o and after each use	CIY C	7N
	c. Inspected for leaks ar	id obvious	s signs of	wear on a weekly basis?	DY C	NC
	d. Kept in a clean and s	ecure area	a when no	ot in use?	UY C	JM
	e. Verified for necuracy	by use of	duplicate	samples (calorimetric only)?	CIY	NE
3. 1	Tas the facility maintained a leak log?			•	CIY (
4. J	Does the responsible official check the	following	g areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	CAY.	ÜН	Muck cookers	ŒΥ	ПN
	Door gaskets and scating	ĽΖΥ	DИ	Stills	CYY	ПИ
	Filter gaskets and seating	CY.	ПΝ	Exhaust dampers	ŒÝ	ПN
	Pumps	CY	UИ	Diverter valves	ØY	ПИ
	Solvent tanks and containers	ŒΥ	ПN	Cartridge filter housin	gs 😿	ПN
	Water separators	ŒΥ	ИÜ		·	,
	Sadvu Radan Name of Responsible Office	S (:		
	Todd Fletcher			7/	2/97	
-				Dale of I	nenaetian	

Approximate Date of Next Inspection Inspector's Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPL	AINT/DISCOVERY	RE-IN	ISPECTION
ME IN: 100	TIME OUT:	21	AIRS ID	#: <u>0950</u>	104
TYPE OF FACILITY:	Dry Cleun	EV		,	
FACILITY NAME:	MSTEL MOUNT	1005	Cleaning	DATE:	7/2/97
FACILITY LOCATION:	304 Cunyt	svd 1	<u> </u>		
	Orlando FI		806		
RESPONSIBLE OFFICIAL:	Sadru Partonis	1	PHONE NUI	MBER: 898	7051
Based on the results of the compliance with DEP Rules Based on the results of the discrepancies were noted COMPLIANCE REQU	le 62-213.300, Florida Ad e compliance requirement	lministrativ s evaluated	re Code (F.A.C.).	the following com	pliance
			TOLLO W-OI	ACTIONIEQ	<u> </u>
No Rolling Perc. C	lonsumption l	-cg			
No leak Ditec	tion Log		· ·		
No Corrective	Action Form	· .			
					
COMMENTS:					
The Annual Compliance Certifica	tion form has been proper	ly certified	and submitted to the in	spector. YES	SI NOIT
•		.,	2/98		
DATE OF NEXT INSPECTION	«:	(Appr	oximate)		
'SPECTION CONDUCTED I	BY:		letchor		
INSPECTOR'S SIGNATURE.	told Till		se Print)	mber: <u>836</u>	-9524

Page___of___.

Revised 10/96

Z 333 613 496 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided. AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806 r vsiaye Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, \$ TOTAL Postage & Fees Postmark or Date

SENDEN: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.	dot 19vo 9viii 15 blo 3 I also wish to receive the following services (for an extra fee):
Print your name and address on the reverse of this for card to you. Attach this form to the front of the mailpiece, or on the permit. Write "Return Receipt Requested" on the mailpiece bell The Return Receipt will show to whom the article was delivered.	ow the article number. 2. Restricted Delivery
3. Article Addressed to: AIRS ID # 095 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806	Registered Certified Insured Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signatures (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811 , December 1994	102595-97-8-0179 Domestic Return Receipt

PERCIILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

M	
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TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTIO	N []
AIRS ID#: 0951178 DATE: 71,15 FACILITY NAME: CVYStal Per FACILITY LOCATION: 4304	98 TIME IN: 10:30 TIME OUT: 11:15 nthouse Cleaner
FACILITY LOCATION: 4304	Curry-ford Rd
(C) (c) (F1 2780(
RESPONSIBLE OFFICIAL: Sadvu	o F1 32806 Ratans PHONE: 407-898-7051
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	The state of the s
(check appropriate box)	rtup (einspeet
1. New facility notified DARM 30 days prior to star	rtup (e.g.) 98
2. Facility failed to notify DARM to use general pe	rmit DI .
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$) Y $\square N$ $\square Can not determine Sources ication: eneral permit as number above mits and is not eligible for a general permit$
5. This is a correct facility classification	□ □ □ □ □ Can not determine
If no, please check the appropriate classifi	ication: central permit as number above some solutions.
facility qualified for a go	mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) prefacility was 100 gallons.	purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN ZN/ 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 DY ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN DIN/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? DY ON DY DN 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 condenser upon opening the door? DY ON ON/A 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 condenser exceeded 45° F? CIY ON ON/A 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

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?	ΠY	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΩИ.	□N/∧
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?	□v	ГΙΝ	□N/A
	or expansion, and downstream from no other finetr	_,	٠,٠,	G.,,,,
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly total of perc consumption?	CIY EN
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	DIY BYN DN/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 DY DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WW/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNAVA
6. Maintained startup/shutdown/malfunction plan?	DN DN
7. Maintained deviation reports?	OY ON DATA
Problem corrected?	OY ON DOWA
8. Maintained compliance plan, if applicable?	אואלט אם אם

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?			tox	raff.	
2.	Has the facility maintained a leak log?			ΠY	UNI	
3.	Does the responsible official check the	following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	שא טא טאע	Muck cookers	CW [ZN DN/A	
	Door gaskets and scating	MY ON ONA	Stills	DY [אום אכ	
	Filter gaskets and scating	DAY CIN CIN/A	Exhaust dampers	WY L	אאם אב	
	Pumps	ENY ON ONIA	Diverter valves	GH (א/אם אכ	
	Solvent tanks and containers	אוחם אם אלס	Cartridge filter housings	DAY (ON ON/A	
	Water separators	MY ON ONA				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed s					
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ation (FID/PID/calorime	tric tubes)	ū		
	Halogen leak detector				·	
	If using direct-reading instr	rumentation, is the equi	ipment:	12N/A		
	a. Capable of detecting	ns in a range of 0-500 ppm?	ΠY	אם		
	b. Calibrated against a s (PID/FID only)?	ΟY	DΝ			
	c. Inspected for leaks as	ŪΥ	ПN			
	d. Kept in a clean and s	secure area when not in	use?	ΠY	ПN	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	ΟY	ПN	

Asseta Haitemarcam
Inspector's Name (Please Print)

onale Menterenacing
Inspector's Signature

Date of Inspection

2/1/98
8/6/98

ADDITIONAL SITE INFORMATION:	
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BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMPLAI	NT/DISCOVERY	RE-INSPECTION
EIN: 14230	TIME OUT:	11:15	AIRS ID#:	0951176
TYPE OF FACILITY:	Dry Clean+	V		
FACILITY NAME:		tudher	DSS CLEWEN	DATE: 7/1/98
FACILITY LOCATION:	i dim	YYV tox	1 1 1 1 1	
Therein zoom	OVlando	10-1	22806	
RESPONSIBLE OFFICIAL:	· · · · · · · · · · · · · · · · · · ·	adams:		407 898-7001
	the compliance requirement Rule 62-213-300, Florida Ac		uring this inspection, the facil	ity is found to be in
			uring this inspection, the follo	nving compliance
discrepancies were not	•	is evaluated di	iring this inspection, the fonc	•
COMPLIANCE REQ		ЕМ	FOLLOW-UP ACTION	ON REQUIRED
NO Para	Comsumption			
	(Owes O will 11 p.			
Log			· · ·	
No Yeak	Detection			
No Corr	estive Act	ion V		
			:	
COMMENTS:				· ·
Second in with its	aspection. To behavel Air compliance C	his for Perm	itily in not	rin veint the
The Annual Compliance Certif	•	·		YES NOT
DATE OF NEXT INSPECTION	ON:	(Approxi	imate)	216198
): PECTION CONDUCTED) BY:		Tetcher	01-110
INSPECTOR'S SIGNATURE	z. dall I	. (1)	PHONE NUMBER:	

Page___

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TILE V GENERALI ERMIT
COMPLIANCE INSPECTION CHECKLIST
·

RE-INSPECTION: ANNUAL RE-INSPECTION	N Z COMPLAINT/DISCOVERY
	8 TIME IN: 0-900 TIME OUT: 1045
FACILITY NAME: CRYSTAL PET	
FACILITY LOCATION: 4304 Cus	RRY FOXD RD.
	EL 32806.
RESPONSIBLE OFFICIAL: SADEN DA	77ANSI PHONE: 407-898-7051
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 8 2 2 1
2. Facility failed to notify DARM to use general per	rmit OR II
PART II: CLASSIFICATION	Q DIN
Facility indicated on notification form that it is:	☐ No notification form
	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (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 is: (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 is: (check appropriate box) A. 1. Existing small 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
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	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 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	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 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) 3. Existing large area source dry-to-dry only, 140 \le x \le 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 \le x \le 2,100 gal/yr
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) 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	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
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 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 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) 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	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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) 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)	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, $140 \le x \le 2,100$ 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 Can not determine
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) 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) 5. This is a correct facility classification If no, please check the appropriate classifi \[\begin{align*} \text{ facility qualified for a getal.} \end{align*}	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, $140 \le x \le 2,100$ 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 Can not determine

PART III: GENERAL CONTROL REQUIREMENTS	1			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	עואל אנו אנו			
2. Examining the containers for leakage?	טא סא פאוע			
3. Closing and securing machine doors except during loading/unloading?	DY CIN			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מאם אם אם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN PANA			
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 refr (complete A and B below).	igerated 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?	UY UN			
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?	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?	NN			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° 17?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И			

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?	ZY	ON.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	IJN	□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,	(T) Y	(") \ 1	1-351/4
	if machines are equipped with a carbon adsorber?	ЦY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПИ	□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		□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? UN ПN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, אומם מם צאב UN UN/A couplings, and valves Muck cookers PY ON ON/A □N □N/A Door gaskets and scating Stills DY ON ONA UN UN/A Filter gaskets and scating Exhaust dampers אומו אנו ציבן DY UN UN/A Pumps Diverter valves AYOO OO YOO Cartridge filter housings AY ON ON/A Solvent tanks and containers Water separators 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 ZZŃ/A If using direct-reading instrumentation, is the equipment: LY LIN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? LIY LIN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY UN e. Verified for accuracy by use of duplicate samples (calorimetric only)?

ASSELA HAILEMALIAM	8/6/98
ASSEFA HATLEMALIAM Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	8/6/99 Approximate Date of Next Inspection

DDITIONAL	SITE INFORMATION:	
		·
	•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1045	AIRS ID#: 0951178
TYPE OF FACILITY: DRY Cleaner	
FACILITY NAME: Crystal Penthouse	Cleaner. DATE: 8/6/98
FACILITY LOCATION: 4304 CUrry for	rd Rd.
ORLANDO FL	32806.
RESPONSIBLE OFFICIAL: SADEN RATAN	15E PHONE NUMBER: 407 - 898-7051
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	- •
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	27 Lyyd E D
	COZ JE
	S Time
	, and the second
COMMENTS:	
	IN ORBEC
The Annual Compliance Certification form has been properly cer	
DATE OF NEXT INSPECTION:	8/6/99 Approximate)
INSPECTION CONDUCTED BY: ASSETA HA	AILEMALIAM Please Print)
	194 d my PHONE NUMBER: 407 - 836 - 932 3
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

ARMS 7-28-00 J

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	d	COMPLAINT/DISC	OVERY	a .	·
RE-INSPECTIO	D NC		P		
AIRS ID#: 0951178 DATE: 7-28-0		IN: 10103 THM	E OUT?	J045	
FACILITY NAME: Cyrstal Pentler FACILITY LOCATION: 4304 CUR	_	Rd. Rd.	2) (100)		/New R.O. =
RESPONSIBLE OFFICIAL: Vishwani		806 E	% 898-	\ 7051	Tsukh
CONTACT NAME: Paul Isukh	1013000	PHONE: 407			
PART 1: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 days prior to start	rtup			0	
2. Facility failed to notify DARM to use general per	· · · · · · · · · · · · · · · · · · ·			۵	
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)		☐ No notification fo☐ Drop store/out of	business/p	1	
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)	transfer only, both types, x	y, x < 140 gal/yr x < 200 gal/yr		~ 3 mos.	Metro machine ago. of Forenta
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 $12/9/91$)	transfer only, both types, 14	area source y, $140 \le x \le 2,100$ gal/y, $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr on or after $12/9/91$)	o o		
5. This is a correct facility classification	OY MN	□Can not determine	:		
If no, please check the appropriate classific facility qualified for a general facility exceeds above limits.	neral permit as r			·	
B. The total quantity of perchloroethylene (perc) pufacility was TBO gallons	archased within	the preceding 12 months	by this dr	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? MY ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part Π-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ØY □N

	·		
В	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?		٧
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?		A/ND N
	Is the temperature differential equal to or greater than 20° F?	OY O	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?		V □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY O	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?	OY O	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	A/ND N
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N 🗆 N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. D	oes the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair		
ir	aspection?			rdy. □n		
2. H	as the facility maintained a leak log?	·	•	ey on		
3. D	oes the responsible official check the	following areas for leaks	3?			
	Hose connections, fittings, couplings, and valves	ey on on/a	Muck cookers	MY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	My ON ON/A		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ONA	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4. W	hich method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surface	es)	ta ·		
	Physical detection (airflow felt th	rough gaskets)		<u> </u>		
	Odor (noticeable perc odor)					
	Halogen leak detector			a .,		
	UN/A					
	OY ON					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	ecure area when not in us	se?	□Y □N		
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	□Y □N		
		·		·		
Ilka Bundy 7-28-00						
Inspector's Name (Please Print) Date of Inspection						
	Allia Bund.		NIA			
	Inspector's Signature Approximate Date of Next Inspection					

7-28-00

New R.O. is Paul Isukh.

New R.O. as of March +999. H

Left Permit notification form.

Needs epoxy coating on flour around machine.

Needs lid for "water" bucket.

Needs secondary containment for waste container.

New machine. Got it approx. 3 mos. ago.

J

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

RECEIVED

Do NOT Remove Label

AIRS ID # 0951178

CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806

Eureau of Air Monitology (Sources)

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363220

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806 MAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 174 052 253 US Postal Service
Receipt for Certified Mail AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806 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 PS Form 3800, TOTAL Postage & Fees Postmark or Date

of the return address		• •		
■ Complete items 1 ■ Complete items 3, 4a, 2d. ■ Complete items 3, 4a, 2d. ■ 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		wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD	4b. Service Register Express Return Re	Article Number 1 4 052 253 Service Type Registered Express Mail Return Receipt for Merchandise COD		
6. Signature: (Addressee or Agent)	and fee is	8. Addressee's Address (Only if requested and fee is paid) 2595-97-8-0179 Domestic Return Receipt		
	SENDER: Complete items 1 Complete items 3, 4a, 4a. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write "Return Receipt Requested" on the mailpiece below the and delivered. 3. Article Addressed to: AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 4304 CURRY FORD ROAD ORLANDO FL 32806 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	SENDER: Complete items 1 Complete items 3, 4a,	SENDER: Complete items 1 Complete items 3, 4a, 272 40. 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. 3. Article Addressed to: AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 43. Article Addressed to: AIRS ID # 0951178 CRYSTAL PENTHOUSE CLEANERS VISHWANI PERSAUD 43. Article Penthouse CLEANERS VISHWANI PERSAUD A304 CURRY FORD ROAD ORLANDO FL 32806 5. Received By: (Print Name) 8. Addressee's Address (Only to and fee is paid)	