

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 3, 1998

Mr. Robert Peterman Park Dry Cleaner 7800 South Highway 1792 Fern Park, Florida 32730

Re: Facility No.: 0951179

Dear Mr. Peterman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 20, 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 Notural Resources"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/I	DISCOVEIN OF LIGHT
i	RE-INSPECTION	۵ ت	DISCOVERS OF CIPS
			Silon
AIRS 1D#: <u>095 [179</u> da ⁻		198 TIME IN: 1030	TIME OUT: 11 (5
FACILITY NAME: Pay	K Dry	Cleaner	
FACILITY LOCATION: 38	304 E	deewater Dr	
		FL 32804	
RESPONSIBLE OFFICIAL :	Robert F	Petermanphone: 40	07-521-7678
CONTACT NAME:		PHONE:	
Pad Planting A College Print In State (Printers or Colored Management State (Printers And Printers And Anderson			
		artin markin mining a sasasan kananan kananan kanan kanan makan sasa sasa sasa sasa sasa sasa sasa	
PART 1: NOTIFICATION		3	
(check appropriate box)			
1. New facility notified DARM 30	days prior to star	tup	U U
2. Facility failed to notify DARM t	o use general per	mit	
THE COURSE OF STREET AND ADDRESS AND ADDRE			
PART II: CLASSIFICATION			
Facility indicated on notification		☐ No notificat	ion form
(check appropriate box)		☐ Drop store/c	out of business/petroleum
A.	154	2. New small area source	ü
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr	Ci Ci	dry-to-dry only, x < 140 gal/yr	u
transfer only, x < 200 gal/yr		transfer only, $x \le 200$ gal/yr	
both types, x < 140 gal/yr		both types, x < 140 gal/yr	
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
3. Existing large area source	Ü	4. New large area source	

If no, please check the appropriate classification:

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$

5. This is a correct facility classification

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)

facility qualified for a general permit as number

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

dry-to-dry only, 140 < x < 2,100 gal/yr

□Can not determine

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)

ПΝ

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

PART III: GENERAL CONTROL REQUIREMENTS								
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly scaled and impervious containers?								
2. Examining the containers for leakage?	א/אם אם צם							
3. Closing and securing machine doors except during loading/unloading?	CIY CIN							
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מארם אם איע							
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A							
PART IV: PROCESS VENT CONTROLS								
In Part 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 refri (complete A below).	gerated condenser							
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	a refrigerated st have been							
If classification 4 has been checked, the machine should be equipped with a refri (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?	DY 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?	חארם אם ארע							
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מט עט							
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	רוא מו אמ							
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?	ÜΥ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	UN	מ/אנו
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ШN	□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?	ÜΥ	UN	□N/ A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	□N/A
4.	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,	["NY	Chr	CANTA
	or expansion; and downstream from no other inlet?	ЦΥ	ЦN	∐N/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜN	UN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	מט	□N/A

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

P/	PART VI: LEAK DETECTION AND REPAIRS								
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?		er un						
2.	Has the facility maintained a leak log?				שו אים				
3.	Does the responsible official check the	cs?							
	Hose connections, fittings, couplings, and valves								
	Door gaskets and scating	OY ON	□N/A	Stills	מא מוח סאיע				
	Filter gaskets and scating	CY ON	□N/A	Exhaust dampers	מאים אוא מאיא				
	Pumps	CRY CIN	\square N/ \wedge	Diverter valves	QA ON ONV				
	Solvent tanks and containers	מא כוא		Cartridge filter housings	מ/אם אם אס				
	Water separators	CAN CIN	\square N/ Λ						
4.	Which method of detection is used by	the responsit	ole official?						
	Visual examination (condensed	solvent on ex	terior surfa	ices)	⊡∕				
	Physical detection (airflow felt t	irough gaske	as)		Ц				
	Odor (noticeable percodor)				⊡ ′				
	Use of direct-reading instrument	Ü							
	Halogen leak detector								
	If using direct-reading inst	nipment:	CH//						
	a. Capable of detecting	pere vapor o	concentrati	ons in a range of 0-500 ppm?	UY UN				
	b. Calibrated against a (PJD/FJD only)?	standard gas	s prior to ai	nd after each use	מם עם				
	c. Inspected for leaks a	und obvious s	igns of wea	ir on a weekly basis?	UY UN				
	d. Kept in a clean and	secure area v	when not in	use?	אט אט				
	e. Verified for accurac	y by use of d	uplicate sai	uples (calorimetric only)?	UY UN				
	ELVEN VINION CONCERN CONTRACTOR C								
	TODD Fletcher 4/22/98								
	Inspector's Name (Please P	rint)		Date of Insp	ection				
	Inspector's Signature O Zz Q8 Approximate Date of Next Inspection								

ADDITIONAL SITE INFO	RMATION:		
	•		
,			
	•		
	•		
			·
	••		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT:	5 AIRS ID#: 0951179
FACILITY NAME: PORK Dry Cleaner	14V DATE: 4/22/98
7.000	DATE: 4/72/98
	32864
RESPONSIBLE OFFICIAL: Robert Peterman	PHONE NUMBER: 407 - 521 - 7678
Based on the results of the compliance requirements evaluate	
compliance with DEP Rule 62-213.300, Florida Administra	·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak detection Log	
No Perc Receipts on site	
No Robbing Perc log	PK
No Corrective Action form	Burger of A
	Me Sources Control
· · · · · · · · · · · · · · · · · · ·	64
COMMENTS:	
will reinspect in six	months
<u>a</u>	_
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10 2.7	2 9 % proximate)
INSPECTION CONDUCTED BY: TODI)	Fletcher ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-4524

Revised 10/96

0951179 0951179 913 1. Add H.S. M.R. Enterprises Inc. 2. Add Site name (Parts Dry Cleoner) 4/7/98 Spoke to Henry Peterman and he stated that Pary Ory Cleaner On Edgewater Orive in Orlando is 3. New small area source should owned by HGMA Enterprised M. The is the president of the corporation not the marked. Mary out and initial, Existing small area and Robert Peterman is listed as source should be marked. the Operating manager. (f) Required. Should be marked. Responsible official signard date for changes

	13141310177B
	Perchloroethylene Dry Cleaning Facility Notification
	Callian Name and Lancing 100 DECEMBER 100 DE
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PARK DRY CLEANER Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	3804 EDGEWATER DR. ORLANDO
3.	Hazardous Waste Generator Identification Number:
	FLR 0000 39982
4.	Facility Location: Street Address:
	Facility Location: Street Address: City: 3804 EDGEWATER DR County: ORANGE Zip Code: 32804
5.	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	ROBERT PETERMAN - MGR
7.	Responsible Official Mailing Address:
	Organization/Firm: PARK DRY CLEANEL Street Address: 7800 S. HWY 1792
	City: FERN PARK FL County: SEMINOLE Zip Code: 32730
8.	Responsible Official Telephone Number:
	Telephone: (401) 521 - 7678 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: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ΙD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	30-Oct-90							
(1) w/ ref. condenser	#1	30-00-90							
(2) w/ carbon adsorber		30 04 70							
(3) w/ no controls			I						· ·
Washer Unit								1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				<u> </u>				1	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							-		
Reclaimer Unit			<u>'</u>		•			<u> </u>	<u></u>
(10) w/ ref. condenser		1	-						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	-			_		ì			
2.(a) What was the total of	gallo	ons							
(b) If less than 12 mon Check why it is less	ths, h s thar	ow many? [_ n 12 months:] months New owner:	<u>[-</u>	_] New store	:: [V] Did	not k	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small a	rea so	ource []	Ne	ew sn	nall area sou	rce []		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [1		

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Effective: 6-25-96

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(Indicate with an "X".)	it to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrig	gerated condenser []
New small area source Refrigerated condenser []	•
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than of	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site] .
Equipment Monitoring and Re	
Check all logs which are required to be kept on-site in acco	
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[<u>X</u>]
(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 indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statement, maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the 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.					
I will produced by Signature	mptly notify the Department of any changes to the information contained in this notification. Let J. Velex new 3/16/98 Date					

Park Dry Cleaner 3804 Eagewater Dr. Ollando, Fl 32804





Dept of Environmental Protection
3319 Magiere Block Lute # 232
Orlando, Fl. 32803-3767

attn: Laadia Queshi

32**5**03/3710

- Lathantabahilan madistanta difficantid

		1/1	BEST AVAILABLE COPY	
•	PL	3 1. add ASM.R.	Enterprises Inc. & (Parls Dry Cleaner)	516//18
	iel	2. Odd Site nom	& (Parls Dry Cleaner)	A CONTRACTOR OF THE CONTRACTOR
	f.14	CHY	V	
1.	Facility O	3. Hew small as	ed source should red. Mary out and ting small area I be marked	100 00 00 00 00 00 00 00 00 00 00 00 00
	PARA	not the man	I Me should	DE 62 82 18 30
2.	Site Name	in til Eli	t. Mary oyland	TIE MOLE
	3804	Something, Chi	ling small ared	
3.	Hazardou	- source should	d be marked	Bur
4.	FLR P15 Facility I		1-	
	Street A	F) Required Show	It be marked	of Air
	- O			Sour Mor
5.	Facility 816	Responsible of		Air Monitoring le Sources
		dite	ela signaria	<u></u>
		Responsible off date for the	niges	
6.	Name a	to the second of	· · · · · · · · · · · · · · · · · · ·	Aumenton
	Roe	ر <u>با بند</u> کا میکند کا در این با در این در این در این	of T	
7.	Respor Organi	and the second s	E G E MODILE SO	
	Street City:		And South Age	
-			APR 1998 & Tolling 1998	2730
8.	Respo. Telepl		PROTECTION DEL	
			जिल्ला ।	-
9.	Name and Title o	of Facility Contact (For example, plant)	manager):	
10.	Facility Contact	Address:		
	Street Address: City:	County:	Zip Code:	
			Zip Code.	
11.	Facility Contact Telephone: (Telephone Number:) -	Fax: () -	

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

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Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): **LARK DRY CLEANER (BP) HOME ENTERDED TO SEE THE SEE T	MAR 2 0 8 Bureau of Air 8 Mobile S
5. Facility Identification Number (DEP Use): OPSI/79 Responsible Official	1998 Monitoring Sources
6. Name and Title of Responsible Official: **ROBERT PETERMAN - MGR* 7. Responsible Official Mailing Address:	E C
Organization/Firm: PARK DRY CLEANEK Street Address: 7800 5 HWY 1792 City: County: SEMINOLE Zip Code: 325	6 1998 O 3 N
8. Responsible Official Telephone Number: Telephone: (407) 521 - 7678 Fax: ()	THE
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: () -	

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

Facility Information

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

-		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#/	30-Öct-90							•
(1) w/ ref. condenser	#1	30-00-90							1
(2) w/ carbon adsorber	<u> </u>								
(3) w/ no controls									
Washer Unit			1			"			
(4) w/ ref. condenser	1								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		-	1_					1	,
(7) w/ ref. condenser							_		
(8) w/ carbon adsorber							_		
(9) w/ no controls									
Reclaimer Unit						· · · · · · · · · · · · · · · · · · ·			
(10) w/ ref. condenser							_		
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	•			_]				
2.(a) What was the total (quant gallo		oroethylene (perc)	purchased i	n the latest 12	2 moi	nths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small as	ea so	ource [* *]\{	w sn	nall area sou	rce -] Æ	3(P)	
Existing large area source [] New large area source []									

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

 What control technology is required on machines pursual (Indicate with an "X".) 	nt to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrig	gerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural gduring which propane or fuel oil containing no more than o	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]]
Equipment Monitoring and Rec	cord-coning Information
Check all logs which are required to be kept on-site in according	, ,
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(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 indicat	e with an "X" the appropriate selection:
	l 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 statemeni maintain	dersigned. am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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.
Kon	mpth hotify the Department of anythanges to the information contained in this notification. Lest J. Veter success 3/16/98
Signature	Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TWDE OF INCORPORTOR.			o o	
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVE	
	RE-INSPECTION		2	2000
				18 19 19 19 19 19 19 19 19 19 19 19 19 19
AIRS 10#: <u>0951179</u>	DATE: 4/12/ 99	TIME II	N: <u>1045</u> TIME OU	JT: 4/5
FACILITY NAME: Pay	- K Dry Clea	ner		<u>~~</u>
FACILITY LOCATION:			۰۲,	
		L 328		
RESPONSIBLE OFFICIAL:				-7678
RESPONSIBLE OFFICIAL:	NUDEL LE IE	<u>nun</u>	PHONE: 101 321	74/3
CONTACT NAME:	·		PHONE:	
PART I: NOTIFICATION			<u> </u>	
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			-
2. Facility failed to notify DAR	M to use general permit			- I
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
PART II: CLASSIFICATION	ν .	:	<u> </u>	
Facility indicated on notificati	ion form that it is:		☐ No notification form	
(check appropriate box) A.			☐ Drop store/out of busine	ss/petroleum
1				
1. Existing small area sour		New small a		
dry-to-dry only, x < 140 gal/	/yr dry	-to-dry only,	x < 140 gal/yr	
dry-to-dry only, $x < 140$ gal/transfer only, $x < 200$ gal/yr	/yr dry trai	-to-dry only, nsfer only, x	x < 140 gal/yr < 200 gal/yr	
dry-to-dry only, x < 140 gal/	/yr dry trai bot	-to-dry only, nsfer only, x < h types, x < 1	x < 140 gal/yr < 200 gal/yr	
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry trai boti (con	-to-dry only, asfer only, $x < 1$ types, $x < 1$ astructed on $x < 1$	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	·
dry-to-dry only, x < 140 gal/ 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 \le x \le 2	/yr dry trai bot (con ree □ 4. ,100 gal/yr dry	-to-dry only, nsfer only, x on types, x < 1 nstructed on one with the large and the la	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	
 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 sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 	/yr dry trai boti (con ree 4. ,100 gal/yr dry 00 gal/yr trai	-to-dry only, and the structed on one of the structed on one of the structed on one of the structed only, and the structed only, as fer only, 20	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source \Box $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
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 sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	/yr dry trai boti (coi ree	-to-dry only, a sfer only, x sh types, x < 1 nstructed on one of the contract of the contract of the contract only, as fer only, 20 h types, 140 sh	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
 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 sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 	/yr dry trai boti (coi ree	-to-dry only, a sfer only, x sh types, x < 1 nstructed on one of the contract of the contract of the contract only, as fer only, 20 h types, 140 sh	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source \Box $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
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 sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	/yr dry trai both (con ree	to-dry only, asfer only, x of types, x < 1 nstructed on one with the contract of the contract only, asfer only, 20 h types, 140 structed on one of the contract of the contract of the contract on the contract on the contract on the contract of the contrac	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
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 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	/yr dry trai boti (con ree	to-dry only, ansfer only, x of types, x < 1 instructed on one of the control on the control only, ansfer only, 20 instructed on the control o	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	
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 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 the facility c	/yr dry trai both (con ree	to-dry only, ansfer only, x of types, x < 1 instructed on one of the large and the large and the large and types, 140 on the large and types, 140 on the large and lar	x < 140 gal/yr < 200 gal/yr 40 gal/yr 50 after 12/9/91) rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr or after 12/9/91) Description of determine The control of the co	

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

В.	Has the responsible official of an existing large or new large area source also:	Not weether Malan
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	TOTA CIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	אומים אם ארם
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?	אוע או או אים
	Is the perc concentration equal to or less than 100 ppm?	DY DY DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □W/A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	איאב אם צם
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?	DY MN
2. Maintained rolling monthly total of perc consumption?	DY CN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	MY 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)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	. א/אים אם צום
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	באותם מם צם
8. Maintained compliance plan, if applicable?	OY ON ON/A

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				dy □n			
2.	Has the facility maintained a leak log?				DY CHA			
3.	Does the responsible official check the f	following area	s for leaks?					
	Hose connections, fittings, couplings, and valves	ם אם אם	IN/A	Muck cookers	ery on on/a			
	Door gaskets and seating	DY ON C	N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	םא סא כ	IN/A	Exhaust dampers	DY ON ON/A			
	Pumps	מא מא כ	IN/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	DY ON C	IN/A	Cartridge filter housings	OY ON ON/A			
	Water separators	מא מא כ	IN/A					
4.	Which method of detection is used by the	ne responsible	official?					
	Visual examination (condensed so	lvent on exter	rior surfaces)		Q			
	Physical detection (airflow felt thr	ough gaskets)						
	Odor (noticeable perc odor)			·				
	tubes)							
	If using direct-reading instru	ımentation, i	s the equipme	ent:	DN/A			
	a. Capable of detecting p	erc vapor con	centrations in	a range of 0-500 ppm?	OY ON			
	b. Calibrated against a st (PID/FID only)?	tandard gas pi	rior to and afte	er each use	□Y □N			
	c. Inspected for leaks and	d obvious sigr	is of wear on a	weekly basis?	□Y □N			
	d. Kept in a clean and se	cure area who	en not in use?		□У □М ;;;•			
	e. Verified for accuracy b	by use of dupl	icate samples	(calorimetric only)?	NO YO			
				<u> </u>				
	.,							
	Ilka bund-L	•		4/12/9	9			
	Inspector's Name (Please Prin	it)	-	Date of Inspe	ction			
	6/12/99							
	Inspector's Signature			Approximate Date of 1	Next Inspection			

Store opened March 1998.

Records Kept up from April 1994 - July 1998.

I left a 1999 Dry Cleaner Compliance Calendar, a Title I permit application (for info. only), and a Small Business Assistance program shret (for Dry Cleaners) with Robert Peterman.

Mr. Peterman only had one receipt on site. I told him to keep all receipts on site, and all pertinent paperwork on site for 5 years.

I asked Mr. Peterman to get all receipts (kept at his other store) and bring them to this location. I also asked him to catch up on his record keeping requirements.

Illea Bundy 4/12/99

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMP	LAINT/DIS	COVERY	RE-IN	SPECTION
TIME IN: 1045	TIME OUT:	1115		AIRS ID#:	095117	9
TYPE OF FACILITY: Dry	Cleaner					
FACILITY NAME: Park	Dry Cleaner				DATE: 4	/12/99
facility location: 3804	1 Edgewat	er Do	rive			
110	ando FL	328	04			
responsible official: <u>R</u> a	obert Peterm	an		PHONE NUMBE	er: 407-52	1-7678
Based on the results of the compliance with DEP Rule	·		_	•	facility is found	to be in
Based on the results of the discrepancies were noted:	compliance requiremen	its evaluate	ed during this	s inspection, the	following comp	liance
COMPLIANCE REQUI	REMENT/PROBL	EM	FOL	LOW-UP AC	TION REQ	JIRED
No temperature log	JB			NA		yr
No leak defection	log		Re-ii	nspection	within	3 mos.
No perc rolling	log			u.		
No receipts on	site			11		
				34		
COMMENTS: Records C	ok from Ap	ril 19	98- 3	July 1998	,	
The Annual Compliance Certificati	on form has been prope	rly certifie	d and submi	tted to the inspec	etor. YES	NOL
DATE OF NEXT INSPECTION:		6//2/	199 roximate)			
INSPECTION CONDUCTED BY	Y:	Ilka	Bundy 1se Print)			
INSPECTOR'S SIGNATURE:	Ilka Bi	und		PHONE NUMBI	er: <u>836</u>	-9524
		Page	of 1.			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 2 4 1999

RECEIVED

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	U .	COMPLAINT/DIS	Bure	Eau of Air Monito & Mobile Sources
AIRS 10#: 095/179	DATE: 4/23/99	TIME IN	ı: 1015 ', 't	IME OUT: _	040
FACILITY NAME: Par FACILITY LOCATION:	· L Dry Clean	ers	·	•	
	Orlando, FL	32804			
RESPONSIBLE OFFICIAL	· •			-521-7	678
CONTACT NAME:	•		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to startu	p			□ ·
2. Facility failed to notify DA	RM to use general perm	it			
					
PART JI: CLASSIFICATION	N			·	
Facility indicated on notifica	ntion form that it is:		U No notification		
(check appropriate box) A.			☐ Drop store/out	of business/p	etroleum
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr d yr t l	ransfer only, x ooth types, x <	x < 140 gal/yr < 200 gal/yr	a	
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr 6 ,800 gal/yr 6 ,00 gal/yr 1	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gs}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility	classification 1	MD AM	□Can not determ	ninc	
□ fa	he appropriate classificated in a generality qualified for a generality exceeds above limit	eral permit as m		bove permit	
B. The total quantity of perofacility was gallo		chased within t	he preceding 12 me	onths by this c	lyy cleaning

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Y	ÜИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ШΥ	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ШΝ	□N/V
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	-		
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	UИ	□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	ПΝ	□N/A
	or or paragraphy, and do minimum no other minor			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	ŅN∕A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	W CHY CIN .
2. Maintained rolling monthly total of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	AA CN DN/Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BYNA
5. Maintained exhaust duct monitoring data on pere concentrations?	חארש אם עם
6. Maintained startup/shuldown/malfunction plan?	MD AM
7. Maintained deviation reports?	DY ON WWA
Problem corrected?	עואים אם אם
8. Maintained compliance plan, if applicable?	DY DN EN/A

PART	PART VI: LEAK DETECTION AND REPAIRS			
1. Docs	s the responsible official conduct a v	veckly (for small so	ources, bi-weekly) leak detection as	ıd repair
inspe	ection?			MA ON
2. Has	the facility maintained a leak log?		V.	CAY ON
3. Docs	s the responsible official check the f	ollowing areas for	leaks?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and scating	DY ON ON/A	Stills	. QA ON ON'Y
	Filter gaskets and scaling	QY ON ONIA	Exhaust dampers	AN ON ONY
	Pumps	CY ON ONA	Diverter valves	DYY ON ONY
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ONA		
4. Whi	ch method of detection is used by the	ne responsible offic	ial?	
	Visual examination (condensed so	lvent on exterior s	urfaces)	cta
ı	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calo	rimetric tubes)	
	Halogen leak detector		· :	
	If using direct-reading instr	umentation, is the	equipment:	©N/∧
	a. Capable of detecting p	pere vapor concent	rations in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior t	o and after each use	DY DN
ļ ·	c. Inspected for lenks an	d obvious signs of	wear on a weekly basis?	OY ON
	d. Kept in a clean and s	ccure area when no	ot in use?	OY ON
	e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	OY ON
	· · · · · · · · · · · · · · · · · · ·		· 	
	•			
	.•		•	
	T = Q + I		4/27/	99
	Ilka Bundy Inspector's Name (Please Pri	nt)	$\frac{4/23}{\text{Date of Insp}}$	ection
	inspector's righte (ricase rii	··· <i>,</i>	Date of map	
	Alka Bund		Approximate Date of	2000
	Inspector's Signature		Approximate Date of	Next Inspection

All record keeping requirements up to date.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1015 TIME OUT: 1040	AIRS ID#: 0951179
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Park Dry Cleaner	DATE: 4/23/99
FACILITY LOCATION: 3804 Edgewater Dr.	
Orlando, FL 32804	
RESPONSIBLE OFFICIAL: Robert Peterman	PHONE NUMBER: 407-521-7678
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrative	- •
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	:
ho .	
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{4/23/26}{4 \text{ pps}}$	coximate)
INSPECTION CONDUCTED BY: IKA BUR	197
INSPECTOR'S SIGNATURE: Ma Bundy	se Print)PHONE NUMBER: 836 - 9524
Page	of Revised 10/96

Orange County Environmental Pr	rotection Department 8-13-99
AIRS ID#: 0951179	Revised 10/10/96
DRY CLEANER AIR QUALITY G ANNUAL COMPLIANCE CERTIF	ENERAL PERMIT
FACILITY NAME: Park Dry Cleaners FACILITY LOCATION: 3804 Edge water Dr	DATE: 1723/99
FACILITY LOCATION: 3804 Edge water Dr	ive 45, 18/99
Annual Reporting Period: 4/22/ 1998	TO 4/23/99 1993
Based on each term or condition of the Title V general air permit, my facility 1 52-213.300, Florida Administrative Code (F.A.C.), during the period covered to	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous co	ompliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous co	ompliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	,
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formade in this notification are true, accurate and complete. Further, my annual upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	l consumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



ГУРЕ.	OF	INSPE	CTION:

ANNUAL

Ø

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0951179 DATE: 4-14-	
FACILITY NAME: Park Dry Cl	_
FACILITY LOCATION: 3804 Edg	ewater Dr.
Orlando, F	FL 32804
responsible official: Robert Pet	-erman PHONE: 407-521-76789
CONTACT NAME:	PHONE:
DADT I. NOTIFICATION	S. T. S. A.
PART I: NOTIFICATION	03 5 6
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
2. Facility failed to notify DARM to use general per	mit .
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A.	Diob store, our of onsuless/benotenin
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(constructed octore 12/7/71)	(constructed on or after 12/7/71)
3. Existing large area source □	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	constructed on or after $12/9/91$)
5 This is a correct facility classification	TV FIN Fican not determine

48.5

gallons.

facility was

If no, please check the appropriate classification:

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

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

facility qualified for a general permit as number

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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) □Y □N 1. Equipped all machines with the appropriate vent controls? 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 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? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY QN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
B. Thas the responsible official of an existing large of 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?	□Ү □И
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?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AN	D REPAIRS		
1. Does the responsible official conduc	t a weekly (for small source	es, bi-weekly) leak detection as	nd repair
inspection?			ØY ON
2. Has the facility maintained a leak log	g?		DY ON
3. Does the responsible official check t	he following areas for leaks	s?	
Hose connections, fittings, couplings, and valves	DY 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 seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used b	y the responsible official?		
Visual examination (condensed solvent on exterior surfaces)			र्
Physical detection (airflow fell	t through gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			Q
If using direct-reading instrumentation, is the equipment:			ON/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N
b. Calibrated against (PID/FID only)?	□Y □N		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y · □N
d. Kept in a clean and secure area when not in use?			□Y □N
e. Verified for accura	acy by use of duplicate sam	ples (calorimetric only)?	□Y □N
			<u>.</u>
Ilka Bundy		4-14-00)
Inspector's Name (Please	Print)	Date of Inspection	
Alka Bund		4-14-	Ol

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

4-7-00 @ 0908 - Asked to come back next week.

$$2-11-99$$
 19.5
 $2-17-99$ 19.5
 $10-13-99$ 19.5
 $12-16-99$ 19.5
 $3-9-00$ 19.5
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AIRS ID#:	095	<u> </u>	9	

Ade

Revised 01/18/00

ARMS 14-00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· · · · · · · · · · · · · · · · · · ·					
FACILITY NAME: Park Dr.	Cleaners			DATE: 4/14/00	
FACILITY LOCATION: 3804	Edgewater	Dr.			
Orland	10 FL 32	.804			
Annual Reporting Period: April	23, 1999	_28 ⁻	April	14 20 OC	
	Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.				
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance	during the reportin	ng period stated above:	
Exact period of non-compliance: from		to	· .		
Action(s) taken to achieve compliance:			<u></u>		
Method used to demonstrate compliance:			· · ·	· 	
#2. Term or condition of the general permit	that has not been in co	ntinuous compliance	during the reportir	ng period stated above:	
Exact period of non-compliance: from	· .	to_			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
		· .			
As the responsible official, I hereby certify, lin this notification are true, accurate and co purchase receipts, does not exceed 2,100 ga combination facilities.	mplete. Further, my ai	nnual consumption of	perchloroethylene	e solvent, based upon	
RESPONSIBLE OFFICIAL: FULL National Nat	ne (Please Print)	foll (Signature	Date	

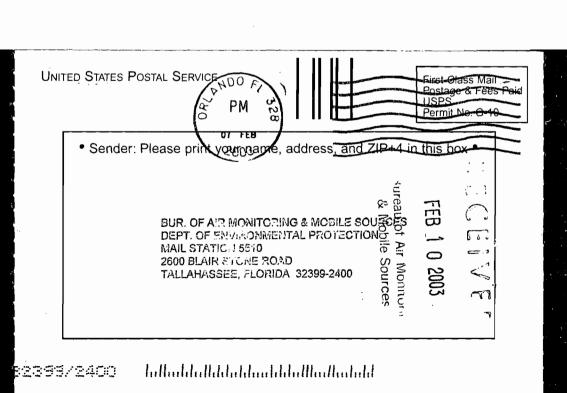
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0838	TIME OUT: 100 H	0905 AIRS ID#	0951179
TYPE OF FACILITY: Dru	Cleaner		
FACILITY NAME: Park	<u> </u>		DATE: 4-14-00
	804 Edgewater Dr	•	
<u> </u>	rlando, FL 32801		
RESPONSIBLE OFFICIAL:	Robert Petermán		IBER: 407 - 521 - 7678
	f the compliance requirements evalu Rule 62-213.300, Florida Administr	- ,	he facility is found to be in
Based on the results of discrepancies were not	f the compliance requirements evalu ted:	ated during this inspection, t	he following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FÖLLOW-UP A	ACTION REQUIRED
<u>'4.</u>		,	
	- 1		1
			
•			
			•
		·	<u> </u>
COMMENTS:		(0600 A	Character Carrollina
Eucility in	compliance. Le	ft 2000 Dr	1 Cleaner Compliance
1 0011111	Cal	lendar @ Faci	lity
			,
The Annual Compliance Certif	ication form has been properly certi		pector. YES V NO
DATE OF NEXT INSPECTI	011.	14-01	
	and the second s	pproximate)	
INSPECTION CONDUCTED BY: Ika Bundy (Please Print)			
INSPECTOR'S SIGNATURE	111 2		1BER: 836-1400
	Page_	/of /.	Revised 10/96

	U.S. Postal CERTIFIE	D MAIL	RECE	EIPT overage Pro	ovided)
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7.	Return Receipt Fee (Endorsement Required)			Postre Hele	
0007	Restricted Delivery Fee (Endorsement Required)			`	J ()
20	Tol		AIRS IL	D#0951179	
03	PARK DRY CLI Sent ROBERT PETE	EANERS ERMAN			
	Strei 3804 EDGEWAT	TER DRIVE			
7007	or P ORLANDO FL City, 32804				
	PS Form 3800, January 20	001		See!Reverse	for instructions!

And the second s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Y And Warn Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PARK DRY CLEANERS ROBERT PETERMAN 3804 EDGEWATER DRIVE	·
ORLANDO FL 32804	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	10 do 1115 bis 211 sip fis 11111
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1035



		MAIL REC	EIPT Coverage Provided)
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1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here .
7001 0320	Sent To ROBEI 7800 S	AIRS IE DRY CLEANERS RT PETERMAN HWY 1792 SUITE PARK FL	2 182
70	City, State, ZIP 32730 PS Form 3800, January 20	03	See Reverse for Instructions?

I VODBJESSE JOID VI DOJED TIVE VI TOP OF ENVELODE TO THE BICHT	HEINTER THE STATE OF THE STATE			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1?			
Article Addressed to:	If YES, enter delivery address below:			
AIRS ID # 0951179 PARK DRY CLEANERS ROBERT PETERMAN 7800 S HWY 1792 SUITE 182 FERN PARK FL				
32730	3. Service Type Certified Mail Registered Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
7001 0320 0001 7976 1831				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			
41 . 1 11 1 1111111 1 111 1 1 1111 1				

UNITED STATES POSTAL SERVICE

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

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

DAPMIMOBILE SOURCE CONTROL PROSE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

<u> հոհաննակվիուններն անակակականիստին</u>

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		AIL RECEIPT	e Coverage Provided)
1234			
9373	Postage Certified Fee	\$	
0050	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0520	PARK DRY CLE ROBERT PETER 7800 S HWY 1792 FERN PARK FL 32730	\	by mailer)
	PS Form 3800, Februa	ry 2000	for Instructions

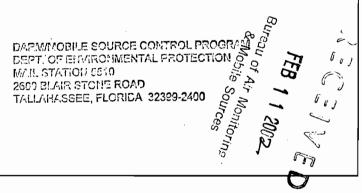
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Addressee D. Is delivery address different from item 1? Yes		
Article Addressed to:	If YES, enter delivery address below:		
AIRS ID # 0951179 PARK DRY CLEANERS ROBERT PETERMAN 7800 S HWY 1792 SUITE 182	·		
FERN PARK FL 32730	3. Service Type Certified Mail Registered Return Receipt for Merchandise :		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 93 73/23 4			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

UNITED STATES POSTAL SERVICE



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

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



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951179

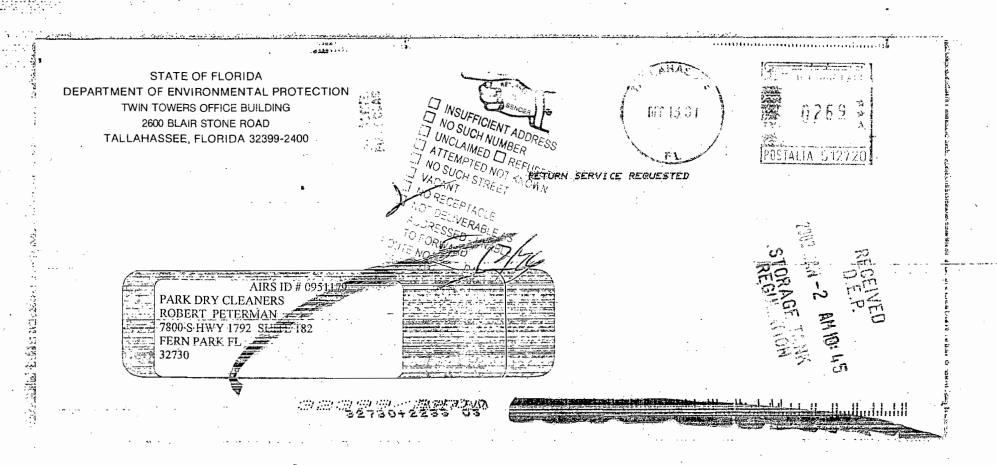
PARK DRY CLEANERS

ROBERT PETERMAN

RUBERT PETERMAN 7800 S HWY 1792 SUITE 182 3804 EDGEWATER DR FERN PARK FL-ORLANDO, FL 32804 32730

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1





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



TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0951179

PARK DRY CLEANERS ROBERT PETERMAN 3804 EDGEWATER DRIVE ORLANDO FL 32804

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

434634 DEC22 2003

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

951179 ROBERT PETERMAN PARK DRY CLEANERS 3804-EDGEWATER DRIVE ORLANDO FL 32804

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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0007	Restricted Delivery Fee (Endorsement Required)		
	Total Postage 10 AIRS ID# 0951179001AG		
032	Sent To PARK DRY CLEANERS		
	ROBERT PETERMAN		
	Street, Apt. No.; or PO Box No. 3804 EDGEWATER DRIVE		
7007	City, State, ZiP+ ORLANDO FL 32804		
1	PS Form 3800, January 2001		
Ų	With the property of the prope		

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	erse	A. Signature Agent Addressee
1. Article Addressed to:		 Ď. Is delivery address different from item 1? ☑ Yes If YES, enter delivery address below: ☑ No
10 AIRS ID# 0951179001AG PARK DRY CLEANERS ROBERT PETERMAN		
3804 EDGEWATER DRIVE ORLANDO FL 32804		3. Service Type Certified Mail
7001 0320 0001 7976 3	408	estricted Delivery? (Extra Fee)
Article Number (Transfer from service label)		
PS Form 3811, August 2001	Domestic Re	eturn Receipt 102595-02-M-1540

United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION **MAIL STATION 5510** 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Sureau coming Monner & Mobile Sources



4-12-6

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951179

PARK DRY CLEANERS ROBERT PETERMAN 7800 S HWY 1792 SUITE 182 FERN PARK FL 32730

FOR GOVERNMENT USE OF

Org.: 37550101000 EO: A1 7 5 Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951179

PARK DRY CLEANERS ROBERT PETERMAN 7800 S HWY 1792 FERN PARK FL 32730

FOR GOVERNMENT USE ONLY

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

TOTAL AMOUNT DUE: \$\$0.00

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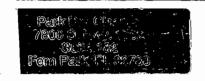
AIRS ID # 0951179

PARK DRY CLEANERS ROBERT PETERMAN 7800 S HWY 1792

FERN PARK FL 32730

FOR GOVERNMENT USE ONDY!!
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Fund: 20:2-035001

Obj.: 002273





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

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