

# Department of Environmental Protection

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

David B. Struhs Secretary

February 18, 1999

Mr. Amin Ali 50% Discount Club Dry Cleaners 2801 North Hiawassee Road #4 Orlando, Florida 32818

Re: Facility No.: 0951206

Dear Mr. Ali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 1, 1999.

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, of 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"

## Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Discount Club Cleaners Inc.  Site Name (For example, plant name or number):  50% Discount Club Dry Cleaners
2.	Site Name (For example, plant name or number):
	50% Discount Club Dry cleaners
3.	Hazardous Waste Generator Identification Number:
	GAD FLDCESQG.
4.	Street Address: 2801 N. Hiawassee Pd # 4
	City: ORLANDO County: ORANGE Zip Côde: 32818
,5.	Facility Identification Number (DEP Use): 0951206
	Responsible Official
6.	Name and Title of Responsible Official:
	Amin Ali Manager
7.	Responsible Official Mailing Address:  Organization/Firm: 2801 N-Hiawassee Rd #4  Street Address:
	City: OPLANDO County: Orange Zip Code: 32818
8.	Responsible Official Telephone Number: Telephone: (467)299 - 5688 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Amin Ali Manager.  Facility Contact Address:  Street Address:  And as Albone.
10.	Facility Contact Address:
	Street Address: S'Ame as Above.
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: (467) 299 - 56 8 8 Fax: ( ) -

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2-5-49

Spoke to Amin Ali' and he stated that he is the manager/operator for the absent owners. He also stated that a sef ronderser is in use on the dry tochy machine

ρ14 *[(*a)

(a) 3 Add date control device installed Existing small area source should not be marked. Markout and initial. New small area source should be marked.

p15

9. Existing longearea source hef. condender should not be worked. Morbout and inteal.

(F) Should be marked. heguined.

R.O. sign and date for Changeswale.

(† 16

Facility	Inform	ation
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Facility Information

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

		Date	Date	$\overline{}$	In	D-4-		D-4-	73.
			12 4.0	ı	Date	Date		Date	Daico
ì		Machine	Control		Machine	Control		Machine	Contro
T		Initially	Device		Initially	Device		lnitially	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
Dry-to-Dry Unit		6-97	`	-					
(1) w/ ref. condenser		1.	Ò			<u> </u>			1
(2) w/ carbon adsorber	1		/					`	
(3) w/ no controls	<b>一</b>					-	+		
Washer Unit								_	
(4) w/ ref. condenser			1		1		$\overline{}$		T
(5) w/ carbon adsorber							+		<del> </del>
(6) w/ no controls						· · · · · · · · · · · · · · · · · · ·	$\vdash$		
Dryer Unit					•				<u> </u>
(7) w/ ref. condenser						1	T	I	
(8) w/ carbon adsorber					_				
(9) w/ no controls					<del> </del>	· · · · · · · · · · · · · · · · · · ·	_		
Reclaimer Unit					<u>.</u>	<u> </u>		l	
(10) w/ ref. condenser						I		I	<u> </u>
(11) w/carbon adsorber							+		
(12) w/ no controls							┼		
(b) Control devices are  (c) No control devices a  2.(a) What was the total q  [97.5]  (b) If less than 12 montrol Check why it is less	uanti gallo	equired to be ty of perchlons ow many? [_	installed [	perc)	_] purchased ir				
3. What is the facility's sou (Indicate with an "X". S	irce o	lassification	based on the cation only.)	defi	nitions found	l in section (	(3) of	Part II?	
Existing small are	a sou	ırce [X	Ne	w sm	iall area sour	ce [	J		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	(X)
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		
	·.	
		<b>;</b>
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1)	I hot water generating unit	s on-site meet the following
boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u></u>	
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site i	n accordance with the requ	rirements of this general permit:
(a) Purchase receipts and solvent purchases		(X)
(b) Leak detection inspection and repair		LX
(c) Refrigerated condenser temperature monitoring		LX
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[]\

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#### Surrender of Existing Air Permit(s)

[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
	<u> </u>					
this notif statemen 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.					
this notif statemen maintain comply w	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					
this notif statemen maintain comply w	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.					

#### 50% DISCOUNT CLUB DRY CLEANERS 2801 NORTH HIAWASSEE ROAD SUITE #4 ORLANDO, FL 32818



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32399

\$3.20 00052343-04



RETURN RECEIPT REQUESTED



Genral Permits Section
Berreau of Air Monitoring and Mobile Sources, Ms 5510
Department of Environmental Refection
all:- Sandy Bowman
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

32333X2400 OL

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## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY CO
	Discount ( 801 N. Hi Orlando, F Amin Ali	Tub Cleaners awassee Rd.
PART I: NOTIFICATION		
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DAR		
PART II: CLASSIFICATIO	٧	
Facility indicated on notificat (check appropriate box)  A.	ion form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area son 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 	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 sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	!,100 gal/yr 00 gal/yr gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility	classification	✓Y □N □Can not determine
☐ . ſaci		ntion: cral permit as number above its and is not eligible for a general permit
B. The total quantity of perch facility was <u>(95</u> gallon		rchased within the preceding 12 months by this dy 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? Y CIN CIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? DN DN/A 5. 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? 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 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 □N □N/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?

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 on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	
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?	DY UN DN/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?	A/ND ND YD
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, contractio or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ANAÖ NO YO
6. Routed airΠοιν to the carbon adsorber (if used) at all times?	. OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	1				
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	יין פוץ בוא .				
2. Maintained rolling monthly total of perc consumption?	DY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אום אוש				
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)	AINTO NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A				
6. Maintained startup/shutdown/malfunction plan?	QA ON				
7. Maintained deviation reports?	OY ON EMIA				
Problem corrected?	DY DN ØN/A				
8. Maintained compliance plan, if applicable?	DY DN BNIA				

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a v	weekly (for small sources,	bi-weekly) leak detection ar	nd repair		
	inspection?	N.,		DY ON		
2.	Has the facility maintained a leak log?	ν.		DAY ON		
3.	Does the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and scating	MY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MAND ND AND		
	Pumps	AX ON ONIV	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ONYY		
	Water separators	QY ON ON/A				
4.	. Which method of detection is used by the	ne responsible official?		,		
	Visual examination (condensed so	olvent on exterior surfaces	3)	Œ∕		
	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	unicutation, is the equip	ment:	ΘΝ/Λ		
	a. Capable of detecting	pere vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON		
	c. Inspected for leaks ar	id obvious signs of wear o	n a weekly basis?	DY DN		
	d. Kept in a clean and s	ccure area when not in us	c?	OY ON		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON		
_			·.			
	7.1. 4. 1.		1/22/	C4.C		
_	1 lka Bundy		160	17		
	Inspector's Name (Please Pri	nt)	Date of Insp	ection		
	Ilka Branch		1/22/	2000		
	Inspector's Signature		Approximate Date of	Next Inspection		

#### ADDITIONAL SITE INFORMATION:

Sent in AIRS permit notification. form to DEP Waiting on DEP to issue Facility ID #.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1722/97 1330 TIME OUT: 1345	AIRS ID#: 0951206
TYPE OF FACILITY: Dry Cleaner	
	eaners DATE: 1/22/99
FACILITY LOCATION: 2801 N. Hiawasse	Rd.
Orlando, FL 32818	107 269 5/00
RESPONSIBLE OFFICIAL: Amin Ali	PHONE NUMBER: 407-299-5688
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
Sent in AIRS permit notification	form - waiting for letter from
DEP.	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: $\frac{1/22/200}{4}$	oproximate)
INSPECTION CONDUCTED BY: Ika Ku	ndy ease/Print)
INSPECTOR'S SIGNATURE: Mrs. Bunch	PHONE NUMBER: 836-9524
Page	<u>/</u> of <u></u>

 	1951206	BEST AVAILABLE COPY	
2-5-99 Spor	leto durin de	l'and be stated anager/operator wners. Le also	R.E.C.E.
1. Facility That	the solvent o	wners. He also	TO DE LA COMPANIA
Dis  2. Site Nam	ted that a ref	Londerser is in	Panie 3
50% i  3. Hazardous  us	e on the dry	tocky washing	
	ill to con	- II I DAY JANG	123/1
4. Facility Loc Street Addr. (a) City:	lad date co	Il was source should	16 S
5. Facility Ident	, , , , , , , , , , , , , , , , , , , ,	Marsout and with	16 148
	New small a	ula solo in a secondario de la companio del companio del companio de la companio del companio del la compani	6
and the second s	marked.		la de
6. Name and Title P 15 C)	Existing longe	area source Ref. cont	and .
Organization/Firm Street Address:	should not	be warted . more	and the second s
8. Responsible Officia / C	Quald bene	wheel Required. Changes	male. 18
Telephone: (46)	R.O. sign or	uddate for wang	The state of the s
916	en e	and the second s	
9. Name and Title of Fac  Amin	ALi		
10. Facility Contact Address:		manager. Aboue.	
Street Address: SA City:	County:	Zip Code:	
11. Facility Contact Telephone Number Telephone: (467) 299 - 3		Fax: ( ) -	

## **BEST AVAILABLE COPY**

# Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Pacinis runne and sociation
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Discount club Cleaners Inc.  Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	50% Discount Club Dry cleaners
3.	Hazardous Waste Generator Identification Number:
	GAD FLDCESQG.
4.	Street Address: 2801 N. Hiawassee Pd #4
	City: ORLANDO County: ORANGE Zip Code: 32818
,5. ,	Facility Identification Number (DEP Use): 095/206
	Responsible Official
6.	Name and Title of Responsible Official:  Amin Ali Manager
7.	Responsible Official Mailing Address:
/.	Organization/Firm: 2801 N. Hiawassee Rd #4
	City: ORLANDO County: Orange Zip Code: 32818
8.	Responsible Official Telephone Number: Telephone: (407)299-5688 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Amin Ali Manager  Facility Contact Address:  Street Address: SAme as Above.
10.	Facility Contact Address:
	Street Address: SAME as Above.
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: (467) 299 - 56 8 8 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, He date of its purchase, and the date the control device was installed, if applicable.

									3 %
		Date	Date	T	Date	Date		Date	Dave .
		Machine	Control		Machine	Control		Machine	Contro
_		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	# /	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	- 02-MAR-92	02-λ1/1R-
Dry-to-Dry Unit		6-97							
(1) w/ ref. condenser	1	<del></del>	6197						ī —
(2) w/ carbon adsorber	1			<b>†</b>	-				
(3) w/ no controls	1		<u>.</u>				†	<u> </u>	
Washer Unit		•				.1			
(4) w/ ref. condenser						1			1
(5) w/ carbon adsorber					_				
(6) w/ no controls				<b></b>	<u> </u>		<del> </del>		
Dryer Unit					<del>'                                    </del>	1			
(7) w/ ref. condenser					· · ·		1		
(8) w/ carbon adsorber							+		
(9) w/ no controls	·					-	-		
Reclaimer Unit									
(10) w/ ref. condenser			]				Т		
(11) w/carbon adsorber					<del></del>	<del>                                     </del>			
(12) w/ no controls		<u> </u>					+		
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>									
2.(a) What was the total of	uanti gallo	ity of perchic ns	proethylene (	perc)	purchased in	n the latest I	2 mor	nths?	
(b) If less than 12 mont. Check why it is less					_] New store	: [] Dic	i not k	eep records:	
3. What is the facility's son (Indicate with an "X".					nitions found	d in section	(3) of	Part II?	
Existing small are	ea sou	urce 🕼 🕅	Ne	:w sm	nall area sour	rce X	J		
Existing large are	a sou	irce []	Ne	ew lar	rge area sour	ce [	]		

(Indicate with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	A S
New small area source Refrigerated condenser	(X)		
New large area source Refrigerated condenser	ن		
		·.	
			<b>;</b>
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by no	atural gas except for perio	nds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
Equipme	ent Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required to	o be kept on-site i	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent pu	urchases		ĹĬ
(b) Leak detection inspection and re	epair		X
(c) Refrigerated condenser tempera	ture monitoring		X
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		[X]

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

#### Surrender of Existing Air Permit(s)

ease indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
LX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	•
this notif statemen maintain	dersigned, 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 its made in this notification are true, accurate and complete. Further, I agree to operate and the the its made in this notifications 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	emptly notify the Department of any changes to the information contained in this notification.
	Am Ali
Signature	Date 3/2/99

# Perchloroethylene Dry Cleaning Facility Notification

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#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or indiv	idual owner):
Discount Club Cleaners, Inc.  2. Site Name (For example, plant name or number):	
50% Discount club Cleaners	<u> </u>
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 2801 N. Hrawassee	Rd Linit 4 20
City: Orlando County: Orange	Zip Code 32878
5. Facility Identification Number (DEP Use):	% ea 22016
City: Orlando County: Orange  5. Facility Identification Number (DEP Use):  095/206	
Responsible Official	Y E 1999 Monitori
6. Name and Title of Responsible Official:	, g
Amin ALi	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 2801 N. Higwassee Pd 1-101	<i>i</i> 4
Street Address: 2801 N. Hiawassee Rd Unicity: Orlando County: Ovange	Zip Code: 32818
8. Responsible Official Telephone Number: Telephone: (407) 299 - 5688 Fax: ( )	
Facility Contact (If different from Responsible	Official)
9. Name and Title of Facility Contact (For example, plant manager):	
Same as ABOVE	
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
II. Facilia Carras Talada and I	
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( )	) <u>-</u>
	RECEIVED
	.IAN 76 1999

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VASTEWATER FACILITIES REGULATION SECTION

2/1/99 This came in the packet from Tallahassee for Wastewater Section.

I think this document is for the WCU Section.

Wanda Ward

#### **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.

Гуре of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date 'Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	l								
(1) w/ ref. condenser	V	1			Γ				
(2) w/ carbon adsorber	V								
(3) w/ no controls									
Vasher Unit									
(4) w/ ref. condenser			`						
(5) w/ carbon adsorber									
(6) w/ no controls									
Oryer Unit		'			,				
(7) w/ ref. condenser					,	,			
(8) w/ carbon adsorber						- N			
(9) w/ no controls							•		
eclaimer Unit									
(10) w/ ref. condenser		-			1				
(11) w/carbon adsorber			,		_				
(12) w/ no controls	_								
(b) Control devices are  (c) No control devices  (a) What was the total of a second se	are ro	equired to be ity of perchlo ons ow many? [_	installed [	HA perc)	_] purchased in				[]

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JAN 0 6 1999

WASTEWATER FACILITIES REGULATION SECTION

<ol> <li>What control technology is required on machines pursuant to section (Indicate with an "X".)</li> </ol>	n (5) of Part II of this notification form?
Existing large area source Carbon adsorber  [X]  Refrigerated con	denser X
New small area source Refrigerated condenser	
New large area source Refrigerated condenser  []	
	· <b>;</b>
5. A facility which contains non-exempt emissions units shall not be e to Rule 62-213.300, F.A.C. Verify that all steam and hot water genera exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat is boiler HP or less), and (2) are fired exclusively by natural gas except f during which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeepin	
Check all logs which are required to be kept on-site in accordance with	the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	
	RECEIVED
	JAN 0 6 1990

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DEP Form No. 62-213.900(2) Effective: 6-25-96 WASTEWATER FACILITIES REGULATION SECTION

#### Surrender of Existing Air Permit(s)

Please indicate	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)						
ĽŽ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.						
l will pron	nptly notify the Department of any changes to the information contained in this notification.						
Signature	Jul 1989						

RECEIVED

JAN '6 1999

WASTEWATER FACILITIES
REGULATION SECTION

DEP Form No. 62-213.900(2)

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#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	☐ COMPLAIN	NT/DISCOVERY	
200.20	RE-INSPECTION			
0951206	<u> </u>			· · .
AIRS 10#: # DO 1771 D	ATE: 12/29/ 98 T	IME IN: 1340	TIME OUT: _	1410
FACILITY NAME: 50 %				·. ·
facility location: 28	301 N. Hiawas	see Kd.		
	Orlando, FL 3			
RESPONSIBLE OFFICIAL:		PHONE: _		
CONTACT NAME: Amia	Ali (Managa	<u>cr )</u>		·
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	30 days prior to startup	•		<b>o</b> 27
2. Facility failed to notify DARM	• •	•		· 02
		<u> </u>	<u> </u>	
		•	`\.	
PART II: CLASSIFICATION		· v		
L	on form that it is:	U No notif	ication form	
Facility indicated on notification (check appropriate box)	on form that it is:		ication form rc/out of business/p	ctroleum
Facility indicated on notification (check appropriate box)  A.			rc/out of business/p	ctroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y	te 🗀 2. New dry-to-di	☐ Drop sto small area source ry only, x < 140 gal/	rc/out of business/p	ctroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	re 🗀 2. New dry-to-di transfer	☐ Drop sto small area source	rc/out of business/p	etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ee 🗀 2. New dry-to-de transfer both type	□ Drop sto small area source ry only, x < 140 gal/ only, x < 200 gal/yr	rc/out of business/p  th  yr	ctroleum
Facility indicated on notification (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	te   2. New dry-to-de transfer both type (construction of the dry-to-de transfer both type (construction of the dry-to-de transfer transfer both type transfer both type	Drop sto small area source ry only, x < 140 gal/ only, x < 200 gal/yr cs, x < 140 gal/yr	rc/out of business/p  yr  '91)  100 gal/yr 0 gal/yr gal/yr	ctroleum
Facility indicated on notification (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, 3 transfer only, 200 \le x \le 1,800 go both types, 140 \le x \le 1,800 go	te	small area source ry only, $x < 140$ gal/only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after 12/9/ large area source ry only, $140 \le x \le 2$ , only, $200 \le x \le 1,800$ es, $140 \le x \le 1,800$	rc/out of business/p  yr  /91)  100 gal/yr 0 gal/yr gal/yr /91)	ctrolcum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classification, please check the angle of the facility of the constructed before 12/9/91)	te	small area source ry only, $x < 140$ gal/yonly, $x < 200$ gal/yr es, $x < 140$ gal/yr eted on or after $12/9$ , large area source ry only, $140 \le x \le 2$ , only, $200 \le x \le 1,800$ geted on or after $12/9$ .	rc/out of business/p  yr  /91)  100 gal/yr 0 gal/yr gal/yr /91)  determine  above neral permit	

#### 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 scaled 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 honsing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN 1911/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? DAY ON ONIA 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY 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? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1,	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ШN	
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?	ΠY	UИ	□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	ШN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□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?	ENY CIN
2. Maintained rolling monthly total of perc consumption?	DY DAY
3. Maintained leak detection inspection and repair reports for the following:	US /
a. documentation of leaks repaired w/in 24 hrs? or;	DY TON DON/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON BON/A
4. Maintained calibration data? Gor applicable direct reading instruments)	OY ON COMIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAY/A
6. Maintained startup/shutdown/malfunction plan?	ON CHO
7. Maintained deviation reports?	DY ON BYN/A
Problem corrected?	אואם אם צם
8. Maintained compliance plan, if applicable?	OY ON BYNA

PA	ART VI: LEAK DETECTION AND F	EPAIRS_	•		
l.	Does the responsible official conduct a	weekly (for small sources, bi-weekly) lea	k detection an	d repa	ir
	inspection?	Yes San		œÝ.	ОЙ
2.	Has the facility maintained a leak log?			ΠY	MEG
3.	Does the responsible official check the	following areas for leaks?	•		
	Hose connections, fittings, couplings, and valves	⊕Y □N □N/Λ Muck cooke	rs	ely (	ON ON/A
	Door gaskets and scating	MY ON ON/A Stills		ØY !	ON ON/A
	Filter gaskets and seating	✓Y □N □N/A Exhaust dan	npers	<b>Ø</b> Y	□N □N/A
	Pumps	Y ON ON/A Diverter val	ves	ŒΥ	□N □N/A
	Solvent tanks and containers	Cartridge fi	lter housings	ØY ¹	ON ON/A
	Water separators	MY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			•
	Visual examination (condensed s	olvent on exterior surfaces)		da	
	Physical detection (airflow felt th	rough gaskets)	•		
	Odor (noticeable perc odor)	; ;			
	Use of direct-reading instruments	ation (FID/PID/calorimetric tubes)			
	Halogen leak detector	•		<b>u</b> .	_
	If using direct-reading instr	umentation, is the equipment:		ON/	Λ .
	a. Capable of detecting	pere vapor concentrations in a range of (	)-500 ppm?	ΠY	DΝ .
	b. Calibrated against a (PłD/FID only)?	standard gas prior to and after each use		ΟY	ΠN
	c. Inspected for leaks a	nd obvious signs of wear on a weekly bas	is?	ΠY	ΠN
	d. Kept in a clean and	ecure area when not in use?		ΠY	ПΝ
	c. Verified for accuracy	by use of duplicate samples (calorimetri	c only)?	ΠY	ПN
		•			
r <u> </u>	·			_	
	Ilka Bundy		17/29/0	î8	
-	Inspector's Name (Please Pr	int)	12/29/9 Date of Insp	ection	
_	Alka Bundy		2/29/9	99	- <del></del>
	luanastan'a Ciakudua	Annea	ام مادرا مندادین	Nicord	Lucucction

Left 1999 Dry Cleaning Calender and Perc Title I permit application.

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1340 TIME OUT: 1410	AIRS ID#:
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: 50% Discount Club (	Cleaners DATE: 12/29/98
FACILITY LOCATION: 2801 N. Hia wassee	Rd.
Orlando, FL 32812	
RESPONSIBLE OFFICIAL: Amia Ali	PHONE NUMBER: 407-299-5688
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua	tive Code (F.A.C.).
discrepancies were noted:	ted during this hispection, the following comphanice
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No perc rolling log	
No leak detection log	
No temperature log	
No AIRS permit	3 parame
·	·
	alender and Perc Vitle V
permit application.	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
(Ap	proximate)
INSPECTION CONDUCTED BY: IKA BUND	
1.1 \(\sigma\)	edse Print) PHONE NUMBER: 836-9524
Page	_of Revised 10/96

			1 N G G	
ars id#: <u>095/20φ</u>		ACC	0) [ [	E Revisco 10/10/
DRY (	CLEANER AIR (	QUALITY GENER	AT DED MANG	2 1 1990
		NCE CERTIFICATION	ON FORM	
r- 9	λ. /	$\alpha (1, 1)$	ORANGE COUN PROTECTIO	TY ENVIRONMENTAL N DEPARTMENT
		Club Dry Clean	DA DA	TE: 8 23 99
FACILITY LOCATION: _28	61 N. Hiaw	assee Koad 7	+44	
	Orlando, FL	32818	·	
		<u>ch</u>		
Annual Reporting Period:	12/29	19 <u> B</u>	1/22	19
Based on each term or condition of 2-213,300, Florida Administrative NO, complete the following:	e Code (F.A.C.), during t	he period covered by this sta	atement. YES	□NO
1. Term or condition of the gener	ral permit that has not be	en in continuous compliance	during the reporting a	Defined stated above:
exact period of non-compliance: f	rom	to	SEP	2 8 1999
_		to	Bureau o	of Air Monitoring
action(s) taken to achieve complia	ince:	tc	Bureau o	
Action(s) taken to achieve complia	ince:	tc	Bureau o	of Air Monitoring
action(s) taken to achieve complia	liance:		Bureau d	of Air Monitoring
action(s) taken to achieve complia	liance:		Bureau d	of Air Monitoring
ection(s) taken to achieve compliant fethod used to demonstrate complete.  2. Term or condition of the general condition	nce: liance:  ral permit that has not bed		Bureau d	of Air Monitoring
Action(s) taken to achieve compliance: factors of the general factor	ince:  liance:  ral permit that has not bed  roin	en in continuous compliance	Bureau d	of Air Monitoring
Action(s) taken to achieve compliance faction(s) taken to achieve compliance compliance faction(s) taken to achieve compliance	ral permit that has not bed	en in continuous compliance	Bureau d	of Air Monitoring
Action(s) taken to achieve compliance faction(s) taken to achieve compliance compliance faction(s) taken to achieve compliance	ral permit that has not bed	en in continuous compliance	Bureau d	of Air Monitoring
Exact period of non-compliance: faction(s) taken to achieve compliance Method used to demonstrate complete. Term or condition of the general Exact period of non-compliance: faction(s) taken to achieve compliance Method used to demonstrate complete the responsible official, I hereby made in this notification are true, of the pon rolling averages of purchase the property of the pro	ince:  liance:  ral permit that has not become.  rom  nce:  liance:  y certify, based on informaccurate and complete. It receipts, does not exceed	en in continuous compliance to_  to_  nation and belief formed after	Bureau of & Mo	of Air Monitoring boble Sources  beriod stated above:  that the statements ene 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.

Page \_\_\_\_\_ of \_\_\_\_.

0951206

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON EN DI-07-00
AIRS ID#:	DATE: 1/22/ Discount	99 TIME IN: 1330 TIME OUT: 1345 Club Cleaners
	Orlando, 1	iawassee Rd. FL 32818
RESPONSIBLE OFFICIAL	.: Amin Ali	PHONE: 407-299-5688
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DAR!	M 30 days prior to star	rtup - ·
2. Facility failed to notify DA	RM to use general per	mit
PART II: CLASSIFICATION	ON	,
☐ , fac	ource [] al/yr /yr  21)  ource [] 52,100 gal/yr ,800 gal/yr  00 gal/yr  y classification  he appropriate classific cility qualified for a ger cility exceeds above lin	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchasility was 65 gallon	- 1	nrchased within the preceding 12 months by this div cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) N/ND ND 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? BOY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON DINA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 DN DN/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 ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	מא מא
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?	□Y □N □N/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?	ОХ ОИ ЁИЛУ
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?		N <sub>a</sub>	•	DY ON	
2.	Has the facility maintained a leak log?		v.:		GA, DN	
3.	Does the responsible official check the	following	g areas for leaks?		,	
	Hose connections, fittings, couplings, and valves	۵√ د	א/אם אם	Muck cookers	DY ON ON/A	
	Door gaskets and seating	ωy c	אאם אכ	Stills	DY ON ON/A	
	Filter gaskets and seating	QY C	DN □N/A	Exhaust dampers	ØY ON ON/A	
	Pumps	. ⊠X c	A/ND. NC	Diverter valves	ØY ON ON/A	
	Solvent tanks and containers	qX c	א/אם אב	Cartridge filter housings	MY ON ON/A	
	Water separators	₫Y C	A/ND NC		· .	
4.	Which method of detection is used by	the respon	nsible official?		,	
	Visual examination (condensed s	solvent or	exterior surfaces)	,	Œ∕	
	Physical detection (airflow felt the	ırough ga	iskcis)	·		
	Odor (noticeable perc odor)				<b>a</b>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector		•	• •		
	If using direct-reading inst	rumentat	tion, is the equipn	nent:	⊠N/Λ	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					OY ON:	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to and al	der each use	אם עם	
	c. Inspected for leaks a	nd obviou	is signs of wear on	a weekly basis?	חם אם	
	d. Kept in a clean and	'			OY ON	
	e. Verified for accuracy				חם אם אם	
			· .			
	I Ika Rundy 1/22/99					
	Inspector's Name (Please Print)  Date of Inspection					
	1/22/2000					
	Inspector's Signature			Approximate Date of	Next Inspection	

## BEST AVAILABLE COPY

#### ADDITIONAL SITE INFORMATION:

Sent in AIRS permit notification. form to DEP. Waiting on DEP. to issue Facility ID #.

# BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	1346	AIRS ID#:	
TYPE OF FACILITY:	( coner			
FACILITY NAME: 50 74	Despunt C	10p (14	Mark C.C.S.	DATE: 1/37//7
FACILITY LOCATION: 330	/	JA 55 6		· · ·
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2005	·	1000 mm 1000
RESPONSIBLE OFFICIAL:	Pro A Ali		PHONE NUMBER:	407-297-5658
Based on the results of the compliance with DEP Ru			ed during this inspection, the facilities Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted:	,	ents evaluate	ed during this inspection, the follo	owing compliance
COMPLIANCE REQUI	REMENT/PROB	LEM	FOLLOW-UP ACTION	ON REQUIRED
			•	
	,			·
•			·	
• •				
				•
COMMENTS:				
A CONTRACTOR OF THE	contraction	14.5	era or scarling of	in the feet of some
DEP.				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTION: 1/22/2000 (Approximate)				
INSPECTION CONDUCTED B	;;	. <u>Ju-</u>		
INSPECTOR'S SIGNATURE:_	A STATE OF THE STA	`:	PHONE NUMBER:	834-9529

Page of .

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

1-20-00	
₫r	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT DISCOVER TO D

RE-INSPECTIO	N ON OF MOOF	
AIRS ID#: 0951206 DATE: 01/19	/00 TIME IN: 1445 STEME QUT: 453	<i>'</i> O
FACILITY NAME: 50 % Discount		
FACILITY LOCATION: 2801 North		
Orlando, FL	32818	
RESPONSIBLE OFFICIAL: Amin Al	1; PHONE: 407-299-5688	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION	-	
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	urtup 🚨	
2. Facility failed to notify DARM to use general per	ermit 🚨	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box) A.	☐ Drop store/out of business/petroleum	a
1. Existing small area source	2. New small area source	
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
2 Friedra James and Co		
3. Existing targe area source	4. New large area source	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	ii tieli iaige ai ei ei ei	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
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	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	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
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	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	
<ul> <li>dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classification</li> </ul>	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 $12/9/91$ )  Y $\square N$ $\square$ Can not determine ration:	
<ul> <li>dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classification facility qualified for a general content of the content</li></ul>	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 $12/9/91$ )  DY $\square$ N $\square$ Can not determine ration:  neral permit as number above	
<ul> <li>dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classification facility qualified for a general content of the content</li></ul>	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 $12/9/91$ )  Y $\square N$ $\square$ Can not determine ration:	

#### 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 sealed and impervious containers? DY 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXY/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) MY UN 1. Equipped all machines with the appropriate vent controls? DY 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 condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

		_		
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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΩY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN BYN/A 5. Maintained exhaust duct monitoring data on perc concentrations? PY DN 6. Maintained startup/shutdown/malfunction plan? DY DN MYA 7. Maintained deviation reports? DY DN DYN/A Problem corrected? DY DN CM/A 8. Maintained compliance plan, if applicable?

PAR	T VI: LEAK DETECTION AND R	EPAIRS			
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
in	spection?			DAY ON	
2. H	as the facility maintained a leak log?			DY ON	
3. Do	oes the responsible official check the f	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	OY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	TY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	BY ON ON/A			
4. W	hich method of detection is used by th	e responsible official?			
	Visual examination (condensed so	lvent on exterior surfac	es)	TO .	
	Physical detection (airflow felt three	ough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	ion (FID/PID/calorimet	ric tubes)		
	Halogen leak detector	•		<b>a</b>	
	If using direct-reading instru	mentation, is the equip	pment:	□N/A	
	a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and	after each use	OY ON	
	c. Inspected for leaks and	l obvious signs of wear	on a weekly basis?	QY QN	
	d. Kept in a clean and sec	cure area when not in us	se?	OY ON	
	e. Verified for accuracy b	y use of duplicate samp	oles (calorimetric only)?	OY ON	

Ilka Bundy	01-19-00
Inspector's Name (Please Print)	Date of Inspection
Alka Burdy	01-19-61
Inspector's Signature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

1999	Perc	Receip	ts
1-11-9	9	30.0	
3-29-	99	30.0	
JUL ?		30,00	<del>(</del>
10-18-9	9	30,0	

### **Orange County Environmental Protection Department**

AIRS 1D#; 095/206

ACC

Revised 10/10/96

# ARMS 1-20 010

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			•	
FACILITY NAME: 507, Discou	nt Club Dr	y Cleaner		TE: 1/19/ <del>99/</del>
FACILITY LOCATION: 2801 N	. Hiawassé	e Road 1	# <i>4</i>	
Oclarda	FL 32818	, , , , , , ,		
Urianoo,	7010		3	
	7.7	00	Tal. 10	
Annual Reporting Period:	Tan. 22	19 <u>9</u>	J <i>AN</i> . 11	\$ 200
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			<u> </u>	n DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in o	continuous complian	ce during the reporting p	period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		<del>-</del>		
#2. Term or condition of the general permit	that has not been in o	continuous complian	ce during the reporting p	period stated above:
Exact period of non-compliance: from		to	)	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	. •			
				-
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Furthe	r, my annual consum	nption of perchloroethyl	ene solvent, based
RESPONSIBLE OFFICIAL: Amil	ne (Please Print)	——— <del>[</del>	Signature	1/19/94 Date
	_			

<sup>\*</sup>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 [/] COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1445 TIME OUT: 153	0 AIRS ID#: 0951206
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: 2801 North Higwassee	Road #4 DATE: 01-19-00
FACILITY LOCATION: Orlando , FL 32818	
, .	
responsible official: Amin Ali	PHONE NUMBER: 407-299-5688
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 evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
1	
;	
	V
i venuere	
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 01-19-	01
TIV. R	proximate)
	NOY case Print)
INSPECTOR'S SIGNATURE: Like Bund	PHONE NUMBER: 836-1400
Page 1	of Revised 10/96

# escol

#### PERCHLOROETHYLENE DRY CLEANERS

ARMS 2-1-01 8

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INSI, INS2)

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

AIRS ID#: 0951206 DATE: 2-1-01 TIME IN: 1113 ETIME OUTS 11400

FACILITY NAME: 507. DISCOUNT Club Dry Cleaners FACILITY LOCATION: 2801 North Hiawassee Road #4

Orlando FL 32818

RESPONSIBLE OFFICIAL: Amin Ali PHONE: 407-299-5688

CONTACT NAME: PHONE:

PART I: NOTIFICATION				
(check appropriate box)		Facility Compliance Status:	IN	र्ष
1. New facility notified DARM 30 days prior to startup	. 🗖	(ARMS Data)	MNC	ت ا
2. Facility failed to notify DARM to use general permit	. 0		SNC	<u> </u>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
<b>A.</b>	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□ Can not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a ger	neral permit as number above
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 90 gallons.	rchased within the preceding 12 months by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at TY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXY/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) MY DN 1. Equipped all machines with the appropriate vent controls? DY 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 condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			·
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	· <b>□</b> Ү	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĮΩY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΟY	DΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩN	□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?	ΟΥ	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ŪΝ	□N/A

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

PART VI: LEAK DETECTION AND RE	PAIRS			
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			er on	
2. Has the facility maintained a leak log?			OY ON	
3. Does the responsible official check the fo	llowing areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ON ON/A	
Pumps	DY DN DN/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	UY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water separators	DAY ON ON/A			
4. Which method of detection is used by the	responsible official?		_	
Visual examination (condensed solvent on exterior surfaces)			<b>a</b>	
Physical detection (airflow felt thro	. 🗆			
Odor (noticeable perc odor)			<b>u</b>	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			a Ixmo.	
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N	
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>				
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y □N	

Ilka Bundy	2-1-2001
Inspector's Name (Please Print)	Date of Inspection
Allia Bund	2-1-2002
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL S	TTE INFORMATION:	
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Phenix
1/23/00 30.0
6/26/00 30.0
11/13/00 30.0
90.0

#### **BEST AVAILABLE COPY**

ARS ID#: 095 1206

Revised 01/18/00

ARMS 2-1-01 JB

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 50% Discount Club Dry Cleaners DATE: 2/1/01
FACILITY LOCATION: 2801 North Hiawassee Road #4
Orlando, FL 32818
Annual Reporting Period: January 2000 TO January 2001
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. WYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🗹	COMPLAINT	DISCOVERY _	RE-INSPECTION
TIME IN: 1113	TIME OUT:	1140	AIRS ID#:	1951206
TYPE OF FACILITY: Dry C	leaner	ng tings, same and a still before the same above before the		
FACILITY NAME: 50 % D	<u> iscount Cl</u>		eaners	DATE: 2-1-2001
FACILITY LOCATION: 2801	North Hiawa		ad #4	
Orlan		2818		
responsible official: Ar	nin Ali		PHONE NUMBER	2: <u>407-299-5688</u>
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance				
discrepancies were noted:	compliance requiremen	ts evaluated durin	g this inspection, the to	bliowing compliance
COMPLIANCE REQUIF	REMENT/PROBL	EM F	OLLOW-UP ACT	TION REQUIRED
			····-	
				, and the second se
				<i>y</i>
<u></u>	., 1			
10 10 10 10 10 10 10 10 10 10 10 10 10 1	· · · · · · · · · · · · · · · · · · ·			
				•
Facility i	n complia	nce.		
The Annual Compliance Certification		_	ibmitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION: 2-1-2002				
INSPECTION CONDUCTED BY: IIKA BUNDY				
INSPECTOR'S SIGNATURE:	Alha Bun	(Please Prin	t)PHONE NUMBEI	R: 407 -836 -1400
		Page of		Revised 10/96



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421459 JAN 82003



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

RECEIVED

#### **TOTAL AMOUNT DUE: \$50.00**

JAN 0 9 2003

Bureau of Air Wonitoring & Mobile Sources

Do NOT Remove Label

A1RS ID#0951206

50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434373 DEC17 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

C 951206 AMIN ALI 50% DISCOUNT CLUB DRY CLEANERS 2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0951206

50% DISCOUNT CLUB DRY CLEANERS

AMIN ALI

2801 N HIAWASSEE ROAD #4

ORLANDO FL

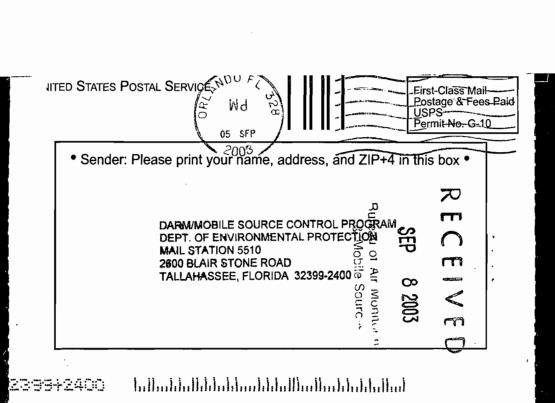
32818

FOR GOVERNMENT USE ONLY Org.: 37550001000 EO: A1 Fund: 20-2-035001

Obj.: 002273

3267	CER (Domes	tic Mail O	D"ŅĀĪ nly; No li	L₁ᢤRE nsurance	CEIPT Coverage Pr	
0144	For deliv	F	ation visit	our website	at www.usps	com <sub>3</sub>
4000	_	Postage ertifled Fee Reciept Fee	•		Post	mark) D
0200	Restricted D (Endorsemen	elivery Fee			] \\.	N
m	Total Pos	10° 50% DI		206001A T CLUB		
吕	Sent To	CLEAN	IERS			
71	Street, Apt. or PO Box I City, State,			ASSEE RG . 32818	OAD #4	
	PS Form 380	002 anut 0	S = 0 GOT TA S = 0 TO N W	LACE STICKER	* See Reverse	for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? Yes		
1. Article Addressed to:  10 0951206001AG  50% DISCOUNT CLUB DRY  CLEANERS  AMIN ALI	If YES, enter delivery address below:		
2804 N HIAWASSEE ROAD #4 ORLANDO, FL 32818	3. Service Type		
	4. Restricted Delivery? (Extra Fee)		
الأوأع المؤوه الأفافة المؤملا الألألاة	<u> </u>		



#### 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** 

12-16-0070

Do NOT Remove Label

AIRS ID # 0951206

50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818

Bureau of Air Monitoring & Mobile Sources

Org.: 37550101000 EQ:-A1 Fund:=20-2-035001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392607

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

50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4

ORLANDO FL 32818

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

Z 333 667 282 400 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0951206 50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818 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

<u> </u>			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 0951206</li> <li>50% DISCOUNT CLUB DRY CLEANERS</li> <li>AMIN ALI</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No		
2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818	3. Service Type  \$2 Certified Mail		
MANSOOR	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		

Z 333 667 459

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0951206

50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4 ORLANDO FL 32818

	Certified Fee	
	Special Delivery Fee	
١٥.	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	
₽.		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2 26-00  C. Signature  X		
AIRS ID # 0951206 50% DISCOUNT CLUB DRY CLEANERS AMIN ALI 2801 N HIAWASSEE ROAD #4			
ORLANDO FL 32818	3. Service Type  Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)  2333 (66, 7, 459			
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789		

