



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 31, 1996

Mr. Charles H. Jordan
W. V. Cleaners
1810 Semoran Boulevard #112
Winter Park, Florida 32792

Re: Facility I.D. No. 1170083

Dear Mr. Jordan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

INTEROFFICE MEMORANDUM

Date: 02-Apr-1999 11:21am
From: Chip Herron
kherron@whmh.com@PMDf@EPIC66
Dept:
Tel No:

Subject: W V Cleaners (AIRS ID No. 1170083)

I am responding to your letter of March 12, 1999. I will not be paying the fees you requested.

I don't know why Mr.. Jordan told you to call or write me. I was the trustee in his individual bankruptcy case. I do not represent him or his company.

Thanks.

Chip Herron

INTEROFFICE MEMORANDUM

Date: 02-Apr-1999 11:21am
From: Chip Herron
kherron@whmh.com@PMDF@EPIC66
Dept:
Tel No:

To: Sandra Bowman (bowman_s@A1@DER)

Subject: W V Cleaners (AIRS ID No. 1170083)

I am responding to your letter of March 12, 1999. I will not be paying the fees you requested.

I don't know why Mr. Jordan told you to call or write me. I was the trustee in his individual bankruptcy case. I do not represent him or his company.

Thanks.

Chip Herron

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	WINDWARD VILLAGE CLEANERS, INC.		
2. Site Name (For example, plant name or number):	W-V. CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981014798		
4. Facility Location:	Street Address: 1810 SEMORAN BLVD #112 City: WINTER PARK County: SEMINOLE Zip Code: 32792		
5. Facility Identification Number (DEP Use):	1190083		

Responsible Official

6. Name and Title of Responsible Official:	CHARLES H. JORDAN		
7. Responsible Official Mailing Address:	Organization/Firm: W.V. CLEANERS Street Address: 1810 SEMORAN BLVD. #112 City: WINTER PARK County: SEMINOLE Zip Code: 32792		
8. Responsible Official Telephone Number:	Telephone: (407) 657-7979 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: () -		

RECEIVED

OCT 8 1996

1170083

11/7/96 Spoke to Charles
Jordan, he is the
owner and uses
aprox. 5,300 gal/yr
of propane.

P.13

6. add title - owner

P.14

1. (a) add date control
device installed

1. (c) should not be marked

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	29 DEC 93							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons 9/01/95 - 9/01/96

(b) If less than 12 months, how many? months ~~9/01/95~~

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

PROPANE USED

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

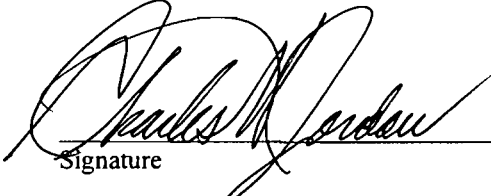
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

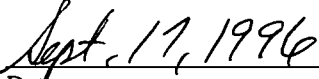
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature


Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part II. Permit Terms and Conditions
(Keep this Part onsite for use by facility staff.)

- (1) **Applicability.** This part of the Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit and complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth below, and all requirements of 40 CFR Part 63, Subparts A and M, as applicable, also set forth in this part of the notification form.
- (2) **General Conditions.** All terms, conditions, requirements, limitations, and restrictions set forth in Rule 62-213.300(3), F.A.C., and listed below (Rule 62-213.300(3)(a) through (s), F.A.C.) are "general permit conditions" and are binding upon the owner or operator and upon the responsible official of the facility utilizing this Title V air general permit.
- (a) The duration of this general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility. The general permit is not transferable and does not follow a change in ownership of the facility. Prior to any sale, other change of ownership, or permanent shutdown of the facility, the responsible official shall notify the Department.
 - (b) The owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of this general permit.
 - (c) This general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity shall constitute a violation of the permit.
 - (d) This general permit does not convey any vested rights or any exclusive privileges, nor does it authorize any injury to public or private property nor any invasion of personal rights. It does not authorize any infringement of federal, state, or local laws or regulations.
 - (e) This general permit does not relieve the responsible official or the owner or operator of the facility from liability and penalties when the operation of the permitted activity causes harm or injury to human health or welfare; causes harm or injury to animal, plant or aquatic life; or causes harm or injury to property. It does not allow the responsible official, owner, or operator to cause pollution in contravention of Florida law.
 - (f) This general permit conveys no title to land or water, nor does it constitute state recognition or acknowledgment of title.
 - (g) The responsible official shall make every reasonable effort to conduct the specific activity authorized by this general permit in a manner that will minimize any adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality.
 - (h) The responsible official shall allow a duly authorized representative of the Department access to the permitted facility or activity at reasonable times to inspect and test, upon presentation of credentials or other documents as may be required by law, to determine compliance with this general permit and Department rules.
 - (i) The responsible official shall maintain any permitted facility or activity in good condition.

Have been out of business since
June 30, 1998. Any further contact
should be made to:

Kenneth D. (Chip) Herron, Jr.

Attorney

135 W. Central Blvd.

Suite 700

Orlando, Fl. 32801

Telephone: (407) 648-0058

FAX: (407) 648-0681

E-Mail: KHERRON@purplenet.net

Have been out of business since
June 30, 1998. Any further contact
should be made to:

Kenneth D. (Chip) Herron, Jr.

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135 W. Central Blvd.

Suite 700

Orlando, Fl. 32801

Telephone: (407) 648-0058

Fax: (407) 648-0681

E-Mail: KHERRON@purplenet.net

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

CEIVED

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

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	WINDWARD VILLAGE CLEANERS, INC.		
2. Site Name (For example, plant name or number):	W-V. CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981014798		
4. Facility Location:	Street Address: 1810 SEMORAN BLVD #112 City: WINTER PARK County: SEMINOLE Zip Code: 32792		
5. Facility Identification Number (DEP Use)	1170083		

Responsible Official

6. Name and Title of Responsible Official:	CHARLES H. JORDAN, President CHJ 111846		
7. Responsible Official Mailing Address:	Organization/Firm: W.V. CLEANERS Street Address: 1810 SEMORAN BLVD. #112 City: WINTER PARK County: SEMINOLE Zip Code: 32792		
8. Responsible Official Telephone Number:	Telephone: (407) 657-7979 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: () -		

RECEIVED

007 6 1996

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	39 DEC 93	<i>CHX 11/18/96</i> (Same 12/93)						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed *CHX 11/18/96*

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons *9/04/95 - 9/07/96*

(b) If less than 12 months, how many? ~~12~~ months *9/04/95*.

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

- Existing large area source
 Carbon adsorber Refrigerated condenser
- New small area source
 Refrigerated condenser
- New large area source
 Refrigerated condenser

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

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
 No such units on-site *

PROPANE USED

5,300 GAL. ANNUALLY CHD 11/18/96

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring CHD 11/18/96
- (e) Instrument calibration CHD 11/18/96
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

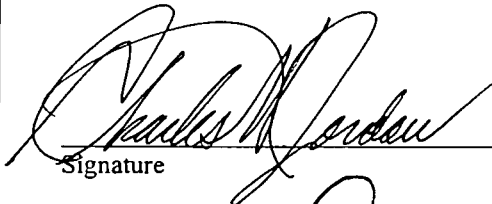
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

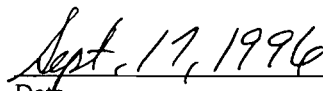
Responsible Official Certification

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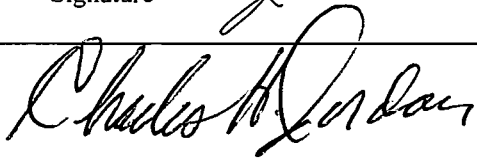
I will promptly notify the Department of any changes to the information contained in this notification.

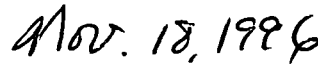


Signature



Date





✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRES ID#: 1170083 DATE: 11/18/96 ~~7/30/96~~ TIME IN: 9:30 AM TIME OUT: 10:50
 FACILITY NAME: WINDWARD VILLAGE CLEANERS, INC.
 FACILITY LOCATION: 1810 SEMORAN BLVD. # 112
WINTER PARK, FL. 32792

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? *SHOWED HIM LOG FOR RECORDING TEMPERATURES; WILL START USING.* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces) Y N

Physical detection (airflow felt through gaskets) Y N

Odor (noticeable perc odor) Y N

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

CHARLES H. JORDAN

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

11/18/96

Date of Inspection

Louis Nichols

Inspector's Signature

11/18/97

Approximate Date of Next Inspection

Alterations
Shoe Repair



Formal Wear Rental
Shirt Service

WINDWARD VILLAGE CLEANERS

Pete & Janet Jordan

1810 Semoran Blvd., Unit 112
Winter Park, FL 32792

657-7979

ADDITIONAL SITE INFORMATION:

- FORENTA DRY TO DRY MIRACLEAN 335
- CONTAINMENT PAN INSTALLED OCT. 96
- EXHAUST FAN FOR ELIMINATING FUMES
- CONTAINMENT PAN EXTENDS BEYOND MACHINE FOR STORAGE OF CONTAINERS FOR MUCK & LINT, PERC ETC.
- SPIN DISK FILTER W/CARBON STACK

SPOTTING BOARD } REQUIREMENTS?
VACUUM

WAS TOLD NEED EXHAUST 3 FT AROUND

CONTAINMENT REQUIREMENT FOR DRUMS?
PERC. STG

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

all

FACILITY NAME: WINDWARD VILLAGE CLEANERS, INC DATE: 12/11/97
 FACILITY LOCATION: 1810 SEMORAN BLVD. UNIT 112
WINTER PARK, FL. 32792

Annual Reporting Period: Jan 1 ¹⁹⁹⁷~~1996~~ TO Dec. ¹⁹⁹⁷~~1996~~

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

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:

NO LEAKS LOGGED

Exact period of non-compliance: from JAN 97 to DEC 97

Action(s) taken to achieve compliance: KEEP LEAK LOGS.

Method used to demonstrate compliance: WILL KEEP LEAKS LOG ON FORMS PROVIDED BY DEP.

#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: _____

RECEIVED

JAN 6 1998

Bureau of Air Monitoring & Mobile Sources

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: CHARLES H. JORDAN *(Signature)* 12/11/97
 Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

in ARMS Dec

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:20 TIME OUT: ~~3:20~~ 2:50 AIRS ID#: 11 700 83
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: V W Cleaners DATE: 12/11/97
 FACILITY LOCATION: 1810 Semoran Blvd.
 Winter Park FL. 32762
 RESPONSIBLE OFFICIAL: Charles Jordan PHONE NUMBER: 407-657-7973

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
no leak logs were kept -	leak logs be needed, gave form

COMMENTS:

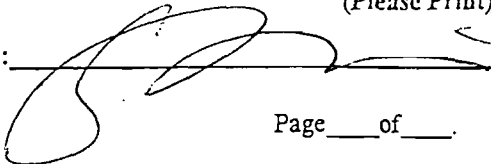
good record keeping in perc purchases & temperature.

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: 12/98 (Approximate)

INSPECTION CONDUCTED BY: SAADIA GURESHI (Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 407-893-3333

OK

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1170083 DATE: 12/11/97 TIME IN: 2:20 TIME OUT: 2:50
 FACILITY NAME: W V Cleaners
 FACILITY LOCATION: 1810 Semoran Blvd.
Winter Park, FL 32792
 RESPONSIBLE OFFICIAL: Charles Jordan PHONE: (407) 657-7973
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 86 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? *no leaks yet.* Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? *will do* Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Saadia Qureshi
 Inspector's Name (Please Print)

[Signature]
 Inspector's Signature

12/11/97
 Date of Inspection

12/98
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

mirădean dud 335.

"FORENTA"

acc
3755
2293

0307948

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
MAIL ROOM
MAR 27 98

AIRS ID 1170083
WINDWARD VILLAGE CLEANERS, INC CHARLES H JORDAN 1810 SEMORAN BLVD #112 WINTER PARK FL 32792

Do **NOT** Remove Label

Annual Reporting Period: 3/97 19 TO 3/98 19

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

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

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: CHARLES H. JORDAN Charles H. Jordan 2/18/98
 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.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 12, 1999

Mr. Kenneth D. Herron, Jr.
Attorney at Law
135 West Central Boulevard, Suite 700
Orlando, Florida 32801

Re: W V Cleaners (AIRS ID No. 1170083)

Dear Mr. Herron:

We have been instructed by Mr. Charles Jordan to correspond with you on any matters concerning the above referenced facility. A copy of his note received on March 8 is enclosed.

Mr. Jordan stated in his note that his business has been closed since June 30, 1998. Our database has been updated to reflect this information. W V Cleaners now has a status of inactive. However, Rule 62-213.300(3), Florida Administrative Code (F.A.C.), does require the owner or operator of a facility to submit payment of an annual \$50 operation fee to the Department upon notice. This fee is due and payable annually between January 15 and March 1 for the preceding year the facility was in operation and subject to the requirements of the rule. Our files indicate that the dry cleaning operation using perchloroethylene at W V Cleaners was in service for part of 1998. Therefore, the fee for 1998 is now due. A copy of the rule is also enclosed.

If you have any questions regarding this matter, please contact me at 850/921-9583 or e-mail: bowman_s@dep.state.fl.us.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

SEB\

Enclosures

Have been out of business since
June 30, 1998. Any further contact
should be made to:

Kenneth D. (Chip) Heron, Jr.

Attorney

135 W. Central Blvd.

Suite 700

Orlando, Fl. 32801

Telephone: (407) 648-0058

Fax: (407) 648-0681

E-Mail: Kherron@purplenet.net

TITLE V - General Permit

Receipts

Post Office Box 3070

Tallahassee, FL 32315-3070

CEIVED

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

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part II. Permit Terms and Conditions
(Keep this Part onsite for use by facility staff.)

- (1) **Applicability.** This part of the Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit and complies with all general conditions of Rule 62-213.300(3), F.A.C., set forth below, and all requirements of 40 CFR Part 63, Subparts A and M, as applicable, also set forth in this part of the notification form.
- (2) **General Conditions.** All terms, conditions, requirements, limitations, and restrictions set forth in Rule 62-213.300(3), F.A.C., and listed below (Rule 62-213.300(3)(a) through (s), F.A.C.) are “general permit conditions” and are binding upon the owner or operator and upon the responsible official of the facility utilizing this Title V air general permit.
- (a) The duration of this general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility. The general permit is not transferable and does not follow a change in ownership of the facility. Prior to any sale, other change of ownership, or permanent shutdown of the facility, the responsible official shall notify the Department.
 - (b) The owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of this general permit.
 - (c) This general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that activity shall constitute a violation of the permit.
 - (d) This general permit does not convey any vested rights or any exclusive privileges, nor does it authorize any injury to public or private property nor any invasion of personal rights. It does not authorize any infringement of federal, state, or local laws or regulations.
 - (e) This general permit does not relieve the responsible official or the owner or operator of the facility from liability and penalties when the operation of the permitted activity causes harm or injury to human health or welfare; causes harm or injury to animal, plant or aquatic life; or causes harm or injury to property. It does not allow the responsible official, owner, or operator to cause pollution in contravention of Florida law.
 - (f) This general permit conveys no title to land or water, nor does it constitute state recognition or acknowledgment of title.
 - (g) The responsible official shall make every reasonable effort to conduct the specific activity authorized by this general permit in a manner that will minimize any adverse effects on adjacent property or on public use of the adjacent property, where applicable, and on the environment, including fish, wildlife, natural resources, water quality, or air quality.
 - (h) The responsible official shall allow a duly authorized representative of the Department access to the permitted facility or activity at reasonable times to inspect and test, upon presentation of credentials or other documents as may be required by law, to determine compliance with this general permit and Department rules.
 - (i) The responsible official shall maintain any permitted facility or activity in good condition.

117 0083

I am responding to your letter of March 12, 1999. I will not be paying the fees you requested.

I don't know why Mr. Jordan told you to call or write me. I was the trustee in his individual bankruptcy case. I do not represent him or his company.

Thanks.

Chip Herron

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED
AUG 22 1999
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 1170083 DATE: 7-7-99 TIME IN: _____ TIME OUT: _____
FACILITY NAME: WV Cleaners
FACILITY LOCATION: 1810 Semoran Blvd.
Winter Park, FL
RESPONSIBLE OFFICIAL: Charles Jordan PHONE: 407-657-7973
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- No notification form
- Drop store out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

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

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

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

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 1030381
AKHTAR ENTERPRISES INC
JOSSIE T AKHTAR
1109 NORMANDY RD
CLEARWATER FL 34624

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: B1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services

MAR 3 1 08

RECEIVED

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 1170083
WINDWARD VILLAGE CLEANERS, INC
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: B1
Fund: 20-2-035001
Obj.: 002273

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1170083
 WINDWARD VILLAGE CLEANERS, INC
 CHARLES H JORDAN
 1810 SEMORAN BLVD #112
 WINTER PARK FL 32792

4a. Article Number

265 302 466

4b. Service Type

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

7. Date of Delivery

2-20-97

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X Charles H Jordan

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 466

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID#: 1170083
 WINDWARD VILLAGE CLEANERS, INC
 CHARLES H JORDAN
 1810 SEMORAN BLVD #112
 WINTER PARK FL 32792

PS Form 3800, April 1995

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

P 174 052 118

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 1170083

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

PS Form 3800, April 1995

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

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

4a. Article Number

P174052118

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

4-10-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Charles H Jordan*

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

Thank you for using Return Receipt Service.

P 174 052 639

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 1170083

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

PS Form 3800, April 1995

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

Fold at line over top of envelope to

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

4a. Article Number

0174 852 639

4b. Service Type

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

7. Date of Delivery

MAR 01 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Charles H Jordan*

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

PS Form 3811, December 1994

Domestic Return Receipt

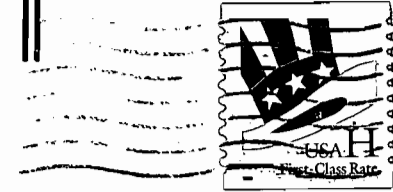
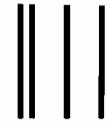
Thank you for using Return Receipt Service.

RECEIVED

MAR - 8 1999

Bureau of Air Monitoring
& Mobile Sources

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



32315X3070



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

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

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

' Z 333 613 436

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 1170083

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W V CLEANERS
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

AIRS ID # 1170083

4a. Article Number

Z333613436

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Janet R. Jordan

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

Thank you for using Return Receipt Service.

Z 333 613 295

US Postal Service
Receipt for Certified Mail

AIRS ID 1170083

WINDWARD VILLAGE CLEANERS, INC
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

PS Form 3800 April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1170083

WINDWARD VILLAGE CLEANERS, INC
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

5. Received By: (Print Name)

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

4a. Article Number
Z 333 613 295

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

7. Date of Delivery
2-14-98

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

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262858 ✓

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

RECEIVED
MAIL ROOM
MAR 10 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1170083
WINDWARD VILLAGE CLEANERS INC
CHARLES H JORDAN
1810 SEMORAN BLVD #112
WINTER PARK FL 32792

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

11-7-96

approx. 5,300 gal/yr

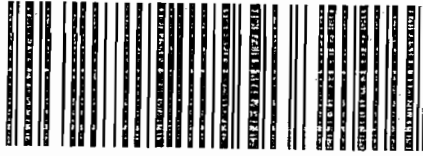
PM = 2.12

NO_x = 74.2

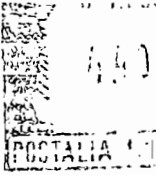
CO = 10

TOC = 2.6

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9372 6629



RETURNED TO SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

ROUTE NO. DATE
CAHR/INITIALS

RECEIVED
AUG 20 2001
Bureau of Air Monitoring
& Noise Sources

~~10 AIRS ID # 1170083001AG
CHARLES H JORDAN
W V CLEANERS
1810 SEMORAN BLVD #112
WINTER PARK FL 32792~~

407/657-7979

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	
10 AIRS ID # 1170083001AG CHARLES H JORDAN W V CLEANERS 1810 SEMORAN BLVD #112 WINTER PARK FL 32792		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
7000 0520 0020 9372 6629		If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

7000 0520 0020 9372 6629

Postage	\$	Postmark Here <i>KE Smith</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Recipient's 10 AIRS ID # 1170083001AG
 CHARLES H JORDAN
 Street, Apt. No. W V CLEANERS
 1810 SEMORAN BLVD #112
 City, State, ZIP. WINTER PARK FL 32792

PS Form 3800, February 2000 See Reverse for Instructions