

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Gerardo Mendez, Jr.
Touch of Class Juntand Cleaners
620 Hunt Club Boulevard
Apopka, Florida 32703

Re: Facility I.D. No. 20090157

Dear Mr. Mendez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

1/9/94 #0090154 Changel to 1110159

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PERCHLOROETHYLENE DRY CLEANERS

TYPE OF INSPECTION:

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

ECTION: ANNUAL

RE-INSPECTION

RE-IN

AIRS ID#: 1/0/57 DATE: 5-3-00 TIME IN: 1/1/5 TIME OUT: 1/45				
FACILITY NAME: Sunland Cleaners				
FACILITY LOCATION: 895 FOX U	Valley Orive			
Longwood, FL 32779				
RESPONSIBLE OFFICIAL: Gerado Mendez PHONE: 407-862-2350				
CONTACT NAME:	PHONE:			
	A F			
PARTY NOTIFICATION	······································			
PART I: NOTIFICATION				
(check appropriate box)	tup Bureau of A:			
1. New facility notified DARM 30 days prior to star	tup $g_{u_{r_{e_{a_{i}}}}}$ $5 2000$			
2. Facility failed to notify DARM to use general per	rmit & Mobile Sources Ources			
,	OUTCO			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
· · · · · · · · · · · · · · · · · · ·				
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr			
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr			
(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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 1^40$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON THINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN WY 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:

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(check appropriate boxes)

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

MY ON ON/A

ON ON/A

ØY ON

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 condense on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located
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 effeam weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contractions	on,
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	A ON
2. Maintained rolling monthly averages of perc consumption?	AT ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON XVA
4. Maintained calibration data? (for applicable direct reading instruments)	AVASQ NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAZ NO YO
6. Maintained startup/shutdown/malfunction plan?	AX ON
7. Maintained deviation reports?	DY DN ANA
Problem corrected?	DY DN 43 %/A
8. Maintained compliance plan, if applicable?	A/A NO YO

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A ZY ON ON/A Muck cookers couplings, and valves ZY ON ON/A Stills Door gaskets and seating MY ON ON/A Filter gaskets and seating DY ON ON/A Exhaust dampers **d**y on ona AY ON ON/A Diverter valves Pumps MY ON ON/A ZY ON ON/A Solvent tanks and containers Cartridge filter housings $\mathbf{Z}\mathbf{\hat{Y}} \square \mathbf{N} \square \mathbf{N}/\mathbf{A}$ MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector Z/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN NO YO d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Name (Please Print)

Date of Inspection

S-200

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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·		

AIRS ID#: 1/70/57

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sinland Cleaners	DATE: 5-3-00
FACILITY LOCATION: 895 Fox Valley Dr.	
FACILITY LOCATION: 895 Fox Valley Dr. Longwood, F2 32779	
Annual Reporting Period: May 28 TO	May 2000
Based on each term or condition of the Title V general air permit, my facility has remain	ined in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this st	ratement. TYES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e 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	e during the reporting period stated above:
Exact period of non-compliance: fromto) .
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 in this notification are true, accurate and complete. Further, my annual consumption of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,8 combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	of perchloroethylene solvent, based upon
Name (Please Print)	Signature / Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1/1/5	TIME OUT: 1// 9		10157
TYPE OF FACILITY: Pry	lean		
FACILITY NAME: Sun lane	d Uraners		DATE: 5-3-00
FACILITY LOCATION: 845	Fox valley Dr.		
Lor	ignood, FL 3277	19	
RESPONSIBLE OFFICIAL:	xerado Mende	PHONE NUMBER:	407-802-2350
compliance with DEP Ru	le 62-213.300, Florida Adminis		
Based on the results of the discrepancies were noted	- · · · · · · · · · · · · · · · · · · ·	uated during this inspection, the follo	wing compliance
COMPLIANCE REQUI	IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
COMMENTS:			
In Com	pliance	· .	
The Annual Compliance Certificat	r tion form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		approximate)	
INSPECTION CONDUCTED B	x: Randall Cu	n Ainshum Proase Rount	
INSPECTOR'S SIGNATURE:_	MANU T	PHONE NUMBER:_	407-893-3333
	Page_	of	Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NGMINC
2.	Site Name (For example, plant name or number):
	SUNLAND CHANTES
3.	Hazardous Waste Generator Identification Number:
	FLD 096656483
4.	FLD 096656483 Facility Location: FLORIPA Street Address: 895 Fox UAIRY DR
	City: Languago County: Sommule Zip Code: 32779
.5.	Facility Identification Number (DEP Use): 177090157
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
(ERAPOR MENDEZE JR, PRESIDENT
7.	Responsible Official Mailing Address:
	Street Address: Con Alast Club Burg.
	Responsible Official Mailing Address: Organization/Firm: Touch OF Class Street Address: 620 HUNT Club Burs City: Appen County: Samuele Zip Code: 32703
8.	Responsible Official Telephone Number:
/	Telephone: (47) 788 - 049/ 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:
	City. Zip Couc.
	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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SER: 6 1996

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Bureau of Air Monitoring & Mobile Sources

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Sunland Cleaners
P./4 1.(a) + 1.(b) update, control equipment required and new machine ordered

Facility Information

(I) 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	tt	06JUE 85	-						
(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			<u></u>		-			-	
(10) w/ ref. condenser		_							
(11) w/carbon adsorber									
(12) w/ no controls								_	
(c) No control devices 2.(a) What was the total (a) (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	_] purchased ir	1 the latest 12	2 mor	nths?	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	
Existing small ar	rea so	urce []	Ne	w sm	nall area sour	ce []		
Existing large ar	ea so	urce 🕌	Ne	w lar	ge area sour	ce []		

DEP Form No. 62-213.900(2)

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	\bowtie
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating un 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periduring which propane or fuel oil containing no more than one percent sulfur	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Info	rmation
Check all logs which are required to be kept on-site in accordance with the re-	quirements of this general permit:
(a) Purchase receipts and solvent purchases	\bowtie
(b) Leak detection inspection and repair	(\nearrow)
(c) Refrigerated condenser temperature monitoring	\searrow
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	ĻZI

DEP Form No. 62-213.900(2)

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)				
 	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 ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the test 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.				

DEP Form No. 62-213.900(2)

Sunland Cleaners FER 19 1997

FEB 1 9 1997

P.14 1.(a) + 1.	(b) update, centre ent required and ne ordered	o, C	Bureau of Air Monitorin & Mobile Sources
I. F. Equipme	ent required and	l new	
machi)	ne ordered		
12. S New machine	installed Sept 1,	1996	
3. 1			
Shin mane	w smallarea son	ucei	····
4. Covertino ma	11 2/2/07	Personal Property and Control of the	
Concerns ma	10 43/11	- Commission of the Commission	2779
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#1170157	1 p. d. gard. It considers an extraording the second section of the		
9. Name and Title of Facility Contact	(For example, plant manager):		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number	·		
Telephone: () -	Fax: ()	-	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NGM INC
2.	Site Name (For example, plant name or number):
	SUN LAND C/LANCES Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 096656483
4.	FCD 096656483 Facility Location: FCC 1P3 Street Address: 895 Fox UAlky DR
	City: Longwan County: Smile Zip Code: 3 2779
.*£* ``	,
3.	Facility Identification Number (DEP Use):
	Responsible Official
	·
l	Name and Title of Responsible Official:
(SERARDS MONORITA JR PRES, DENT
7.	
	Street Address: (100 1/10) Club Address:
	Organization/Firm: 700c/f &F Class Street Address: 62 /funt Club Burs City: Apoper County: 5cmindle Zip Code: 327-3
0	2
8.	Responsible Official Telephone Number: Telephone: (47) 783 - 0461 Fax: () -
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	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:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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SEP 6 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	Ϊ	al. 196	Pm a	2/3/4	17				
(1) w/ ref. condenser	#	CHERCES'S	77.16.1		T				
(2) w/ carbon adsorber		1	.,						
(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	are re	equired to be	installed [_		٦				S. Jan
2.(a) What was the total of [70] (b) If less than 12 mont Check why it is less	gallo h 2 hs, ho	ong 3/47 ow many? [_] months						
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found	~	3) of	Part II?	
Existing large are	ea sou	ırce	Ne	w lar	ge area sour	ce [<i>J</i> '	2/3/4/	

DEP Form No. 62-213.900(2)

•	 What control technology is requested. (Indicate with an "X".) 	uired on machines	pursuant to section (5) of P	art II of this notification form?
	Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	
	New small area source Refrigerated condenser	# 1 M	(1	
	New large area source Refrigerated condenser			
	5. A facility which contains non-e	exempt emissions	units shall not be eligible to	use the general permit pursuan
	to Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam an	d hot water generating units	
	All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by n	atural gas except for period	ls of natural gas curtailment
	All steam and hot water generating No such units on-site	g units exempt		
	·			
	Equipm	ent Monitoring a	and Recordkeeping Inform	nation
	Check all logs which are required	to be kept on-site	in accordance with the requ	irements of this general permit:
	(a) Purchase receipts and solvent p	ourchases		\bowtie
	(b) Leak detection inspection and i	repair		
	(c) Refrigerated condenser temperated	ature monitoring		\bowtie
	(d) Carbon adsorber exhaust perc	concentration mon	itoring	
	(e) Instrument calibration			
	(f) Start-up, shutdown, malfunction	on plan		الخا
		,		

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

Surrender of Existing Air Permit(s)

ease indica	te 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)
ГХI	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 air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 2/3/97 3/31/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

-
COMPLAINT/DISCOVERY
7 TIME IN: 1.'30 TIME OUT: 1:45 2:10
ANERS
MY DR. STORE FOR INFORMATION
7, 32719
· · · · · · · · · · · · · · · · · · ·
up / d
nit \square
2. New small area source
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)
4. New large area source □
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,>
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" above<="" after="" area-="" as="" both="" gal="" nit="" number="" on="" only,="" or="" small="" td="" transfer="" types,="" wew="" yr=""></x<2,>
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" area<="" both="" gal="" new="" on="" only,="" or="" small="" td="" transfer="" types,="" yr=""></x<2,>

1 of 4

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Examining the containers for leakage? 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 least 24 hours prior to disposal?

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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

DY DN DN/A

R	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?	ַ אם צם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	. ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
<u> </u>		
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: theck appropriate boxes)	
H (c	as the responsible official:	ÞÝY □N
H (c:	as the responsible official: heck appropriate boxes)	NO ON
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
H. (c: 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	AY ON
H. (c: 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	AY ON
H. (c: 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	AY ON AY ON OY ON ANA
H. (c) 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	AY ON AY ON AY ON OY ON OY ON OY ON
H. (c: 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	AY ON AY ON OY ON OY ON
1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	YY ON YY ON YY ON YY ON YY ON
1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	
H. (c: 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

-						
2. Which method of detection is used by	the respon	nsible offi	cial?			
Visual examination (condensed	¥					
Physical detection (airflow felt the	Ŕ					
Odor (noticeable perc odor)				凝		
Use of direct-reading instrument	ation (FII	D/PID/cal	orimetric tubes)			
If using direct-reading instrum	If using direct-reading instrumentation, is the equipment:					
 a. Capable of detecting 	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	□Y (אכ	
c. Inspected for leaks a	nd obviou	ıs signs of	f wear on a weekly basis?	□Y (אכ	
d. Kept in a clean and	sесше аге	a when n	ot in use?	□Y (אב	
e. Verified for accuracy	by use o	f duplicate	e samples (calorimetric only)?	□Y (אכ	
3. Has the facility maintained a leak log?)			□Y (אכ	
4. Does the responsible official check the	followin	g areas fo	r leaks?			
Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	ΑY	□N	
Door gaskets and seating	YY	□и	Stills	YY	ПΝ	
Filter gaskets and seating	×Υ	ПN	Exhaust dampers	ΠY	ПN	
Pumps	A Y	□N	Diverter valves	YY	□и	
Solvent tanks and containers	χY	ΠN	Cartridge filter housing	s AY	□N	
Water separators	Y	ПN				
SERBRO MENDEZ Name of Responsible Offic	ial		2/2/	107		
Inspector's Name (Please Pr	int)		Date of Ins	pection		
Inspector's Signature		<u> </u>	Approximate Date of	of Next In	spection	

ADDITIONAL SITE INFORMATION:

· AEROTECH USA 40 28 MACHINE

. AAS CONTAINMENT PAN PLUS ONE FOR STORAGE

· NEEDS EPOXY UNDER SPOTTING BOARD

PERCHLOROETHYLENE DRY CLEANERS

ILUKUE ITI ILENE DKI CLEA
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: Temporal Type of Inspection:	ANNUAL		COMPLAINT/DIS	COVERY	
	RE-INSPECTION				
				•	
110 00	11/0/6	1	111		,
AIRS 1D#: 1170157 D	ATE: 11/1/2/9	TIME IN	i: <u>///00</u> ti	ME OUT: /	1:30
FACILITY NAME: SUL N					·
FACILITY LOCATION:	895 Fox	Valley Is	hue		
	me wood,	FL.			
RESPONSIBLE OFFICIAL:	Roland Mene	dez,	PHONE:		
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)		,			
1. New facility notified DARM 3	0 days prior to startup	p			a
2. Facility failed to notify DARM	I to use general permi	t			□ .
					<u></u> -
PART II: CLASSIFICATION					
PART II: CLASSIFICATION Facility indicated on notification	n form that it is:		☐ No notification	form	
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification ☐ Drop store/out of		roleum
Facility indicated on notification (check appropriate box) A.		New small as	☐ Drop store/out of		roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗆 2.	. New small ar	□ Drop store/out of	of business/petr	
Facility indicated on notification (check appropriate box) A.	e 🗆 2. r dr tr.	ry-to-dry only, x <	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	of business/petr	
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	e 🗆 2. r dr tr. bo	ry-to-dry only, $x < 0$ cansfer only, $x < 0$ oth types, $x < 0$	Drop store/out of the course o		
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	e 🗆 2. r dr tr. bo	ry-to-dry only, $x < 0$ cansfer only, $x < 0$ oth types, $x < 0$	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	of business/petr	
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)	e	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	Drop store/out of the course source of the course of the c	of business/petr	
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	e	ry-to-dry only, x ransfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 1$. New large as	Drop store/out of the course source of the course of the c	Aevotec	
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	e	ry-to-dry only, a ransfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large and ry-to-dry only, ransfer only, 20	Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$	Aevited	
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 2,1 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)	e	ry-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large and ry-to-dry only, ransfer only, 20 oth types, $140 < 0$	Prop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Aevited	
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	e	ry-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large and ry-to-dry only, ransfer only, 20 oth types, $140 < 0$	Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$	Aevited	
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 2,1 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)	e	ry-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$ constructed on $x < 0$. New large and ry-to-dry only, ransfer only, 20 oth types, $140 < 0$	Prop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Aevolec	
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 2,1 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a facility	e	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) The contraction of the source of the sour	Aevoted Aevoted	

11/21/97 SQ

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? QY ON ON/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A 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? OY ON ON/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? MY ON XY 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 AYOU NO YES condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ND YD condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	□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	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AYUO UO YK 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 XNA MY ON ONA 4. Maintained calibration data? (for applicable direct reading instruments) AVA NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? MO VÁ 6. Maintained startup/shutdown/malfunction plan? AY ON ONA 7. Maintained deviation reports? DY ON DAYA Problem corrected? AVY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source:	s, bi-weekly) leak detection a	ınd repair
inspection?			day □n
2. Has the facility maintained a leak log	?		NO YZ
3. Does the responsible official check the	e following areas for leaks	?	
Hose connections, fittings, couplings, and valves	אוחם אם צם	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ONA	Stills	DY ON ON/A
Filter gaskets and seating	אואם אם אם	Exhaust dampers	אואם אם צם
Pumps	AND ND YA	Diverter valves	A/אם אם צם
Solvent tanks and containers	אואם אם אף	Cartridge filter housings	אואם אם צם :
Water separators	אואם אם צם		·
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	A
Physical detection (airflow felt t	hrough gaskets)		A
Odor (noticeable perc odor)			A.
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			_ /
If using direct-reading ins	trumentation, is the equip	oment:	□N/A (
a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	DY DW YD
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	оч ом
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	מם צם
d. Kept in a clean and	secure area when not in u	se?	מם עם
e. Verified for accurac	ry by use of duplicate samp	les (calorimetric only)?	מם עם
JAANA DIA	95 SH1	11/12	197
Inspector's Name (Please P	rint)	Date of Insp	1 .
		1.1	
		11/98	
Inspector's Signature		Approximate Date of	f Next Inspection
Han Must			

Aerokek USA:

In Compliance

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/D I SCOVERY	RE-INSPECTION		
TIME IN: //:00	TIME OUT:	11:300	AIRS ID#:	1170157		
TYPE OF FACILITY:	ycleaning					
FACILITY NAME: Su	n land Cleans	15		DATE: 11/12/97		
FACILITY LOCATION:	895 FOX Va	illey L	VIVE	· · · · · · · · · · · · · · · · · · ·		
	Longrood ;	TC.	_	·		
RESPONSIBLE OFFICIAL:	Koland Me	enact	PHONE NUMB	ER:		
	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 discrepancies were not		ents evalua	ited during this inspection, th	e following compliance		
COMPLIANCE REQ	UIREMENT/PROB	LEM_	FOLLOW-UP AC	CTION REQUIRED		
				,		
						
				,		
			1			
		ļ	•			
COMMENTS: CODA RO	cond Keep	anj				
The Annual Compliance Certif	fication form has been pro	perly certif	fied and submitted to the insp	ector. YES NO		
DATE OF NEXT INSPECTI	ON:					
	22	(Ap	proximate)			
INSPECTION CONDUCTED	D BY:	(Ple	ease Print)			
INSPECTOR'S SIGNATURE	E:	÷ -	PHONE NUM	BER: 47-894-7555		
		Page	of .	Revised 10/96		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

NGM INC GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703

AIRS ID#1170157

Bureau of Air Monito & Mobile Sources

	Do <u>NOT</u> Remove Label	of toring s
Annual Reporting Period: 5AN 15	197 TO JAN 1	<u>14</u> 8
	V general air permit, my facility has remained in corn. A.C.), during the period covered by this statement.	<u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit the	hat has not been in continuous compliance during th	ne 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 th	hat has not been in continuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	<u> </u>	
notification are true, accurate and complete. Fundoes not exceed 2,100 gallons per year for dry-to exceed 2,200 gallons.	on information and belief formed after reasonable inquither, my annual consumption of perchloroethylene soliday facilities or 1,800 gallons per year for transfer or consumption. MODET R E (Please Print) Signature	vent, based upon purchase receipts,
Name	(riease rini) Signature	/ / Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS DATE 7-7-49
DV DP

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINTOISCOVERY

NSPECTION D

RE-INSPECTIO				
AIRS ID#: 1170157 DATE: 7-7-				
FACILITY NAME: 500 Land Clea	ners 35,7 50 6			
	FACILITY LOCATION: 845 FOX Valley Drise			
RESPONSIBLE OFFICIAL:	Mendez PHONE:			
CONTACT NAME: Gevadi	PHONE:			
	· · · · · · · · · · · · · · · · · · ·			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	tup 🗆			
2. Facility failed to notify DARM to use general per	mit 🗆			
PART II: CLASSIFICATION	· ·			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 ≤ 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) 5. This is a correct facility classification	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 $12/9/91$)			
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				
facility was 58.5 gallons.	B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was free 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? DY DN DN/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at-DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVAD ND YÓ beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? GY 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 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?

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ây on on/a 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 **S**ANA DY DN BYNA 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DAN/A 6. Maintained startup/shutdown/malfunction plan? DAY ON ON/A 7. Maintained deviation reports? DY DN \$XN/A Problem corrected? MY ON ONIA 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
	inspection?			DY DN
2.	Has the facility maintained a leak log?			MY DN
3.	Does the responsible official check the	following areas for leaks	5?	,
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	AMO NO YEN	Exhaust dampers	PA ON ONVY
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	By on on/a	Cartridge filter housings	אואם אם צלא
	Water separators	ØY □N □N/A	·	
4.	Which method of detection is used by	the responsible official?		/
	tz/			
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector (3t as qualter)				
If using direct-reading instrumentation, is the equipment:				BN/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			NO YO	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			
	d. Kept in a clean and secure area when not in use?			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	

Randall Lynningham	7-7-99
Inspector's Name (Please Print)	Date of Inspection
Rhall Zf	7-2000
Inspector's Signature	Approximate Date of Next Inspection

4 of 5

ADDITIONAL SITE INFORMATION:			
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			•

Revised 10/10/96

HALOGENATED SOLVENT DEGREASERS AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUN LAND Cleaners	DATE: 7-7-99
· · · · · · · · · · · · · · · · · · ·	
FACILITY LOCATION: 895 FOX Valley Drive Longwood, FL	
Annual Reporting Period: July 1998 TO July	1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	rting 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 report	rting 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 inquade in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL SEARS MADE: Name (Please Print) Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X COMI	PLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 11:45	TIME OUT: 12:15	AIRS ID#:	70157	
TYPE OF FACILITY: D/y	Cleaner	·		
FACILITY NAME: Sun La	ind Cleaners		DATE: 7-7-49	
FACILITY LOCATION: 895	Fox valley DI	ive		
Lor	is wood, FL			
RESPONSIBLE OFFICIAL:	Roland Mendez	PHONE NUMBER:_		
compliance with DEP Ru	e compliance requirements evaluate le 62-213.300, Florida Administrat e compliance requirements evaluate	ive Code (F.A.C.).		
discrepancies were noted	•	ed daring this inspection, the folio	wing compitance	
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
	·			
		<u> </u>		
COMMENTS:				
In Compli	ance			
The Annual Compliance Certificat	tion form has been properly certifie	ed and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION		·		
	(App	roximate)		
INSPECTION CONDUCTED BY: Randall Cunningham				
INSPECTOR'S SIGNATURE:_	Robert Ches	nse Print) PHONE NUMBER:_	843-3333	
	Page 1	of	Revised 10/96	

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	Restricted Delivery Fee (Endorsement Peculical)			3
	Total Posts 10	AIRS ID#	1170157001AG	4
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	Street, Apt. 620 HUI	NT CLUB RD A FL 32703		0
7000	City, State,	.11232,03		T
(PS Form 3800, Februa	ary 2000	See Reverse for Instr	uctions

SENDER: COMPLETE THIS SECTION	AND THE RIGHT OF RETURN ADDRESS. TO THE RIGHT OF RETURN ADDRESS. TO THE RIGHT OF RETURN ADDRESS.
 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 8-17-01 C. Signature Agent Addressee D. Is delivery address different from item 17 Yes
Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: No
AIRS ID # 1170157001AG ERARDO MENDEZ JR JNLAND CLEANERS 0 HUNT CLUB RD	
POPKA FL 32703	3. Service Type Certified Mail
200526002693726834	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00 /

Do NOT Remove Label

A1RS ID # 1170157

SUNLAND CLEANERS GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703

FOR GOVERNMENT USE ONLY Org.: 37550101000 19: AC

Fund: 20-2-035001 Obj.: 002273

NGM, INC./DBA SUNLAND CLEANERS

Dept of Enviormental

Check Number: 8046

Check Amount: \$50.00

8046

Check Date: Dec 10, 2000

Item to be Paid - Description

Discount Taken Amount Paid

Licenses

50.00

300944/

6671

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

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

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

| 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

NGM INC GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703

AIRS ID#1170157

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

NGM, INC./DBA SUNLAND CLEANERS

CHECK NUMBER: 6671

CHECK DATE:

01/14/98

AMOUNT:

********50.00

PAID TO:

DEPARTMENT OF ENVIRONMENT

TITLE V PERMIT

FOR:

ACCOUNT:

AMOUNT:

ACCOUNT:

AMOUNT:

50.00

10-0513

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

MAIL ROOM JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0090157

NGM INC GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

NGM, INC./DBA SUNLAND CLEANERS

06243

CHECK DATE:

01/16/97

CHECK NUMBER: 6243

AMOUNT:

*******50.00

PAID TO:

DEPT OF ENVIORMENTAL

FOR:

AIRS ID# 0090157

ACCOUNT:

AMOUNT:

ACCOUNT:

AMOUNT:

10-0836

50.00

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170157

SUNLAND CLEANERS GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703 FOR GOVERNMENT USE ONLYON

Org.: 37550101000 EO: BLO

Find: 20.2.035001

Fund: 20-2-035001 Obj.: 002273

NGM, INC./DBA SUNLAND CLEANERS

7111

CHECK DATE:

01/10/99

CHECK NUMBER: 7111

AMOUNT:

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PAID TO:

DEP

FOR:

ID 1170157

ACCOUNT:

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ACCOUNT:

* TRUDOMA

6120-01

50.00

NGM, INC./DBA SUNLAND CLEANERS
*Department of Enviormental

Check Number:

7578

Check Date: Dec 12, 1999

Check Amount: \$50.00

Item to be Paid - Description

Licenses

Discount Taken

Amount Paid

50.00

7578



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039 382

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 # 1170157

SUNLAND CLEANERS GERARDO MENDEZ JR 620 HUNT CLUB RD APOPKA FL 32703 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

1000 C. of Class 630 Hunt Club Blue Apoples_ Fr 32703



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

Jullandshallandlahallad