

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 4, 1996

Mr. Chul Won Lee President Mr. Dryclean of Belleview 10133 Southeast Highway #102 Belleview, Florida 34420

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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

Walty blief

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Louis Nichols, Central District cc:

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

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number)!
2.	Site Name (For example, plant name or number)!
	Mr Dryclean of Belleview  Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 10133 SE HWY 441 #102 City: Belleview County: Marion Zip Code: 34420
5.	Facility Identification Number (DEP Use):
71, -	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Responsible Official
	Name and Title of Responsible Official:
	Chul WON LEE president
7.	Responsible Official Mailing Address:
	Organization/Firm: President Street Address: 10133 SE HWY 441 #102
	City: Belleview County: Et Marium Zip Code: 34420
8.	Responsible Official Telephone Number:
	Telephone: (352) 347-2003 Fax: (352) 347-2003
	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: ( ) -
	Telephone: ( ) - Fax: ( ) -
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Bureau of Air Monitoring & Mobile Sources

# 0830111

P.14 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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	ļ	w the transfer						*	1 2 3
(1) w/ ref. condenser	šŧ i	B-1-41cr-93	01-41ar-93						
(2) w/ carbon adsorber	l'' '								
(3) w/ no controls									
Washer Unit									٠.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		Consultation					Tr	ing the second	44
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				14.			٠.	·	
(10) w/ ref. condenser									
(11) w/carbon adsorber	į								
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	oroethylene (	v perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small an	Selec ea so	et one classifi	cation only.) Ne	w sn	nall area sour	се [	3) of	Part II?	
Existing large are	ca 50°	uice []	Ne	w lai	rge area sour	LE	l		

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4. What control technology is required on machines purs (Indicate with an "X".)	uant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Re	frigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by nature during which propane or fuel oil containing no more tha	al gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>/</u> 그
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitori	ng []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ <u>V</u> ]

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

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	Enfarch president Duy 28. 96

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	# 0830111	
	P.14	
<del></del>	Escility Owner 1. (c) Should not be marked	
1.	1 active Owner	
	Shalor	
2.	Site Name (Fo	
	Mr.D	
3.	Hazardous Wa	•
4.	Street Addres Corrections made 13-16-66	
	Street Addre Correction made 12/6/96 City: B.e. Lamilor	34420
<b>√5.</b>	Facility Iden	
		30111
A COURSE		
6.	Name and	• •
	Chul	
7.	Responsible Official Mailing Address:	
	Organization/Firm: president Street Address: 10133 SE HWY 441 #102	
	City: Belleview County: Et Marion Zip	Code: 34420
8.	Responsible Official Telephone Number:	
	Telephone: (352) 347- 200 3 Fax: (352) 347- 20	2003
	Facility Contact (If different from Responsible Official)	

9.	Name and Title of Facility Contact (	For example, plar	t manager):		
10.	Facility Contact Address:				
1	Street Address: City:	County:		Zip Code:	
1	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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Shalam Trade Corneration
2.	Site Name (For example, plant name or number)!
3.	Mr Dryclean of Belleview  Hazardous Waste Generator Identification Number:
	, and the second se
4.	Facility Location:
,	Street Address: 10133 SE HWY 4411 #102
	Street Address: 10133 SE HWY 441 #102 City: Belleview County: Marion Zip Code: 34420
5.	Facility Identification Number (DEP Use):
	0830111
	"我有意义是一种知识,我们就是一种是一种的。""是我们就是一种的一种的。""我们就是一种的一种,我们就是一种的一种,我们就是一种的一种的一种。""我们就是一种的 "我们就是一种的一种,我们就是一种的一种,我们就是一种的一种的一种,我们就是一种的一种的一种,我们就是一种的一种的一种的一种,我们就是一种的一种的一种的一种的一
	Responsible Official
6.	Name and Title of Responsible Official:
	Chul WON LEE Drecident
7.	Responsible Official Mailing Address:
1	Organization/Firm: Organization
	Street Address: 10133 SE HWY 441 #102
	City: Belleview County: Ft Marion Zip Code: 34420
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10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
ļ	
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	11	0-1-ticr-93	01 +16x -93						
(2) w/ carbon adsorber				ļ					
(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								1.1 1.1 1.1	
(10) w/ ref. condenser									
(11) w/carbon adsorber					<u> </u>				
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	] }2/6 purchased in	n the latest 12	! mor	nths?	· ·
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	irce []	Ne	w laı	rge area sour	ce []			

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<ol> <li>What control technology is required on machines p (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser  [ ]	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n 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 mon	itoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[ 🗸 ]

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	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	polly notify the Department of any changes to the information contained in this notification.  President Dec 12, 96  Sufaces Dyresident Duy 28. 96

Effective: 6-25-96

# //

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL -INSPECTIO	COMPLAINT/DISCOVERY
FACILITY LOCATION: <u>10133</u>	51 Au	196 TIME IN: 11:45 TIME OUT: 12:20  C BELLEVIEW  1441  7 34420
PART I: NOTIFICATION		
(check appropriate box)  1. Existing facility notified DARM by  2. New facility notified DARM 30 day  3. Facility failed to notify DARM to u	s prior to star	
PART II: CLASSIFICATION		
Facility indicated on notification for (check appropriate box)	n that it is:	
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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>ут</td><td>4. New large area source 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,></td></x<2,>	ут	4. New large area source 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,>
This is a correct facility classification		XYY ON
If no, please check the appropriate cla	ssification:	
B. The total quantity of perchloroethy	e limits and is	mit as number above s not eligible for a general permit archased within the preceding 12 months by this dry cleaning
facility was 60 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? PUTS IN MACH AS NEEDED 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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXY/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) Y DN 1. Equipped all machines with the appropriate vent controls? Y 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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	ואם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	ÖA 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?	OY ON
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	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	<b>X</b> Y. □N
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	Y ON OY XN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	Y ON YY ON
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:	Y ON OY MO DY ON
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:  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	Y ON OY MA OY ON AY ON OY ON ON/A
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:  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?	· ' '
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:  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?  4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
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:  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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
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:  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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY ON ON/A
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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:  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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	AY ON ON/A  OY ON  OY ON  OY  OY  ON  OY  OY  ON  OY  OY  OY
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:  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?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	AY ON ON/A  OY ON  OY ON  OY  OY  ON  OY  OY  ON  OY  OY  OY

2.	Which method of detection is used by the	respo	nsible offic	cial?		
	Visual examination (condensed solv	ent or	n exterior s	urfaces)	×	
	Physical detection (airflow felt throa	ıgh ga	askets)	•	À.	
	Odor (noticeable perc odor)				Αď	
	Use of direct-reading instrumentation	on (FI	D/PID/calo	rimetric tubes)	7	
	If using direct-reading instrumen	tation	, is the equ	ipment:		
	a. Capable of detecting per	rc vap	or concent	rations in a range of 0-500 ppm?	$\Box$ Y	□N
	b. Calibrated against a state (PID/FID only)?	ndard	gas prior t	o and after each use	ΩY	□N
	c. Inspected for leaks and	obviou	ıs signs of	wear on a weekly basis?	ΠY	□N
	d. Kept in a clean and seco	ire are	ea when no	t in use?	ΠY	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□N	
3.	Has the facility maintained a leak log?				Ÿ́Y	□N
4.	Does the responsible official check the following	lowin	g areas for	leaks?	/\	
	Hose connections, fittings, couplings, and valves	YY	□N	Muck cookers	Y	□N
	Door gaskets and seating	Ý	□N	Stills	Y	□N
	Filter gaskets and seating	Ý	□N	Exhaust dampers	ΩY	ПN
	Pumps	Y	□N	Diverter valves	XY	□N
	Solvent tanks and containers	Y	□N	Cartridge filter housings	Ý	□N
	Water separators	Y	ПП			

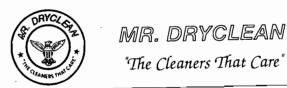
CHUL WON LEE

Name of Responsible Official

Louis A. Nichols
Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection



10133 S.E. U.S. Hwy. 441 #102 • Belleview Common Plaza

Shalom Trade Corporation

Chul Wun Lee President

Phone/Fax (904) 347-2003 Free Pickup & Delivery

#### ADDITIONAL SITE INFORMATION:

- · SPENCED SPRINT 400 45 A MACK
- · HAS CONTAINMENT PAN
- · CARBON FILTER FOR SEPARATOR WATER

\* GALAXY WASTE WATER TREATMENT WITH ATOMIZED MOL 1210 CAPAC 2 GAL/HR

& GUALITY CLEANING FLUIDS INC 9216 W. GRAND AVE FRANKIN PARK IL 60131

all

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

SHALOM TRADE CORP CHUL WON LEE 10133 SE HWY 441 #102 BELLEVIEW FL 34420 AIRS ID#0830111

Do NOT Remove Label

Annual Reporting Period:		_19 TO		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•		DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance	during the reporting period	
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  #2. Term or condition of the general permit	that has not been in co	ntinuous compliance	Bureau of Air Mo & Mobile Sou	rces
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:		to	•	·
As the responsible official, I hereby certify, base notification are true, accurate and complete. Funders not exceed 2,100 gallons per year for dry-to RESPONSIBLE OFFICIAL:	orther, my annual consu dry facilities or 1,800 g	mption of perchloroeth allons per year for tran	aylene solvent, based upon nsfer or combination facili	purchase receipts,
Nam	e (Please Print)		Signature	Date

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

<b>Best Available Copy</b>	INSPECTION SUM	MARY REPORT	
TYPE OF INSPECTION:	ANNUAL 🛛 COM	PLAINT/DISCOVERY	RE-INSPECTION 3
TIME IN: 12:50	TIME OUT:	AIRS ID#: <i></i>	830111 '
TYPE OF FACILITY: In	Geaning		
FACILITY NAME: Y	r. Dyllean		DATE: 3/3/98
FACILITY LOCATION:	10133 SIE HAY		
	- Bell view	FC. 34420	M. 0 12 202
RESPONSIBLE OFFICIAL:	Mr. Le	PHONE NUMBER:	359-31/72003
compliance with DEP	कंट compliance requirements evalua Ruie 62-213.300, Fiorida Administr	ative Code (F.A.C.).	
Eased on the results of discrepancies were not	the compliance requirements evalua	ated during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
		<u>.</u>	R
			APR APR
			APR 7 1998  APR Air Monitoring Sources
			Oring as
		1	
· .			
COMMENTS: 1994 Mac	hene, 50gallyear for hazardouswa	- Vang dry de	Maning Calendar
The Annual Compliance Cert	ification form has been properly cert	ified and submitted to the inspect	YES NOT
DATE OF NEXT INSPECT	ION: 3/99	pproximate)	
INSPECTION CONDUCTE	D BY: <u>)A90<i>Di A</i></u> (P	Please Print)	
INSPECTOR'S SIGNATUR	TE: SO	PHONE NUMBE	R: 407-893-3333

Page\_\_\_of\_\_\_.

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	C C	1		
responsible official: M. Lee				
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per	li .			
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ 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)	No notification form  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 (constructed on or after $12/9/91$ )	1994		
5. This is a correct facility classification	XY QN QCan not determine			

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

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

If no, please check the appropriate classification:

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 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?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

ΠY	□и	<b>X</b> /A
		٦.

**Va**√ ⊔N

pumped

- DY DN DN/A
- DY ON ON

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

XÝ □N

XY ON ON/A

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly total of perc consumption?	XY DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AVUD UD YX				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	albey on Ava				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DYNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	AIN NO YO				
6. Maintained startup/shutdown/malfunction plan?	X ON				
7. Maintained deviation reports?	SON ON ON/A				
Problem corrected?	AINDE NO YO				
8. Maintained compliance plan, if applicable?	AND AD AD				

PART VI: LEAK DETECTION AND REPAIRS

1. D	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
i	nspection?			XY □N
2. H	las the facility maintained a leak log?			DN PR
3. D	loes the responsible official check the	following areas for leaks?	,	
	Hose connections, fittings,			<i>P</i>
	couplings, and valves	/DY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	CY ON ON/A
	Pumps	AINO NO YO	Diverter valves	DY ON ON/A
	Solvent tanks and containers	אואם אם צים	Cartridge filter housings	DY DN DN/A
	Water separators	DY ON ON/A		
4. V	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surface	s)	<b>X</b>
	Physical detection (airflow felt th	rough gaskets)		×
	Odor (noticeable perc odor)			$\chi$
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	<u> </u>
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	ment:	□N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	QY QN
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?				OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

319198

Date of Inspection

31999

Approximate Date of Next Inspection

4 of 5

Spenor USA

Spint 4000

epoxy? 45

Panxs

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### PERCHLOROETHYLENE DRY CLEANERS

## 🕴 TITLE V GENERAL PERMIT

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVE

RE-INSPECTION

AIRS ID#: 083011 DATE: 8-2-8	4 TIME IN: 2:30 TIME OUT: 3:00
FACILITY NAME: Mr. Dry Clean	
FACILITY LOCATION: 10133 SE H	fux 441 #102
Belleviews	FL 34420 P
RESPONSIBLE OFFICIAL: Mr. Lpl	PHONE: 35 2-347-2003
CONTACT NAME:	PHÔNE:
PART I: NOTIFICATION	01,07/2
(check appropriate box)	35 1/18
1. New facility notified DARM 30 days prior to sta	urtup
2. Facility failed to notify DARM to use general pe	ermit 🗆 🗆
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 < 1'40 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	✓ □N □Can not determine
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was <b>[60</b> ] gallons.	urchased within the preceding 12 months by this dry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA DY DN DXVA 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? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AY ON ON/A

Y	ΠN	□N/A
d.	ПN	

MD YES

XY ON ON/A

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

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

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, reslaimer, and dryer machines on a weekly basis?	ΩY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	םא נ	ON/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	םא כ	A/NC
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY		IN/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY		IN/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?	ПY		IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ַ אם	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	םא כ	IN/A

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

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			MY ON				
2.	Has the facility maintained a leak log?			DY ON				
3.	3. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	DY ON ON/A				
l	Door gaskets and seating	TY ON ON/A	Stills	CY ON ON/A				
	Filter gaskets and seating	DI ON ON/A	Exhaust dampers	אואם אם אוא				
	Pumps	DY ON ONA	Diverter valves	MY ON ON/A				
	Solvent tanks and containers	ON ON A	Cartridge filter housings	אואם אם צם				
	Water separators	DY ON ON/A	·					
4.	Which method of detection is used by the	e responsible official?						
	Visual examination (condensed solvent on exterior surfaces)							
	<b>"</b>							
	C C							
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	α .				
	Halogen leak detector							
	If using direct-reading instru	mentation, is the equipme	ent:	□N/A				
	a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON				
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	er each use	OY ON				

Randa	11 (	- -Uni	inn	ham
Inspector's	Name (	Please P	rint)	•
D Anti		//		
101/11/X			4	
Inspec	tor's Sig	nature 1		

6-2-99
Date of Inspection
8-2000

Approximate Date of Next Inspection

OY ON

OY ON

DY DN

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

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

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

ADDITIONAL SITE INFORMATION:	
·	
·	
·	
•	·
:	
•	

AIRS ID#: 0830111

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Dry Clean	DATE: 6-2-99
FACILITY LOCATION: 10 33 SE Hwy L	
Belleview, FL	34420
Annual Reporting Period: July	1998 TO July 1999
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the perio	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in con	ntinuous 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 co.	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information a made in this notification are true, accurate and complete. Further, upon purchase receipts, does not exceed 2,100 gallons per year for combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	my annual consumption of perchloroethylene solvent, based dry-to dry facilities or 1,800 gallons per year for transfer or

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

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2!30	TIME OUT: 3:00	AIRS ID#:	3011
TYPE OF FACILITY: Dry	Cleaning		
FACILITY NAME: M/.	Dry Cleun		DATE: 8-2-99
FACILITY LOCATION: 10	133 SE Hwy	141	
	Belly View, FL 344	2.0	
RESPONSIBLE OFFICIAL:	malel	PHONE NUMBER:_	352-347-2003
المسيحية	the compliance requirements evalu Rule 62-213.300, Florida Administ	uated during this inspection, the facil trative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were not		uated during this inspection, the follo	wing compliance
COMPLIANCE REQ	UİREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
•			
		•	
			·
<del>-</del>	<del></del>		
	<del></del>		
			·
	•		
COMMENTS:			
Inc	omplian c	e	
The Annual Compliance Certifi	cation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	on: 4-200	·	
INSPECTION CONDUCTED	BY: Randall C	Spproximate)	
INSPECTOR'S SIGNATURE	11/2/1-	Please Print)  PHONE NUMBER:_	407-843-333
	Page_	of	Revised 10/96

14.2

14.in Feb 19in July

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE 3-8-00

BY 18

TYPE OF INSPECTION:

facility was 39 gallons.

ANNUAL

**X** 

COMPLAINT/DISCOVERS

RE-INSPECTION

ma,   calendah  AIRS ID#: 083011/ DATE: 3/4/	100 time in: 1:00 time out: 1:3	 }
FACILITY NAME: Mr. Dry Clean		
FACILITY LOCATION: 10133 SEL	MY1 .	
	•	
Belfer iew,	FL 34420	
	PHONE: 352-347-2003	
CONTACT NAME:	PHONE:	
CONTROL MAIN.	Thoras.	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to st	tartup	
O Table Character and DAD Care and a second		
2. Facility failed to notify DARM to use general p	permit $\square$	
2. Facility failed to notify DARM to use general p	permit U	
	permit U	
PART II: CLASSIFICATION		
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	: 🗆 No notification form	
PART II: CLASSIFICATION  Facility indicated on notification form that it is:		m
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	:   \( \sum \) No notification form  \( \sum \) Drop store/out of business/petroleur  2. New small area source	m
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	: ☐ No notification form ☐ Drop store/out of business/petroleur  2. New small area source dry-to-dry only, x < 140 gal/yr	m ·
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	: ☐ No notification form ☐ Drop store/out of business/petroleur  2. New small area source dry-to-dry only, x < 140 gal/yr  transfer only y < 200 gal/yr	7
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	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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)	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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)  3. Existing large area source	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	<ul> <li>□ No notification form</li> <li>□ Drop store/out of business/petroleur</li> <li>2. New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types x &lt; 140 gal/yr</li> </ul>	
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)  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	No notification form  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	
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B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

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

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON THIA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA 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 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? DY DN DATA

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

AY ON ON/A

AVO NO YA

ON ON/A

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

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption? only purchase twice	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	AVÆDINO YO
4. Maintained calibration data? (for applicable direct reading instruments)	DY DNOMNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ANA
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY DN ASIA
Problem corrected?	AMA NO YO
8. Maintained compliance plan, if applicable?	DY DN DXVA

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ØΥ	ПN	
2.	Has the facility maintained a leak log?			,	ЮY	ПN	
3.	Does the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	dY	□N □N/A	
	Door gaskets and seating	DY ON	□N/A	Stills	dY	ON ON/A	
	Filter gaskets and seating	אם צם	□N/A	Exhaust dampers	фY	ON ON/A	
	Pumps	אם צם	□N/A	Diverter valves	þΥ	ON ON/A	
	Solvent tanks and containers	אם צם	□N/A	Cartridge filter housings	ÞΥ	□N □N/A	
	Water separators	DY ON	□N/A				
4.	Which method of detection is used by	the responsi	ble official?				
	Visual examination (condensed s	solvent on ex	sterior surfaces)		Ø		
	Physical detection (airflow felt th	ırough gaske	ets)				
	Odor (noticeable perc odor)				Ø		
	Use of direct-reading instrument	ation (FID/F	D/calorimetric	tubes)		,	
	Halogen leak detector						
	If using direct-reading instr	rumentation	, is the equipm	ent:	ØN/	A	
	a. Capable of detecting	perc vapor o	concentrations in	n a range of 0-500 ppm?	ПY	ПN	
	b. Calibrated against a (PID/FID only)?	standard gas	s prior to and aft	ter each use	ΟY	ПИ	
	c. Inspected for leaks ar	nd obvious s	igns of wear on	a weekly basis?	ΠY	ПN	
	d. Kept in a clean and s	ecure area v	vhen not in use?		ΩY	ПN	
	e. Verified for accuracy	by use of di	uplicate samples	(calorimetric only)?	ΩY	ПN	

Randall Cunningham	3-8-00
Inspector's Name (Please Print)	Date of Inspection
Mall Life	3-2001
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0430111

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Pry Clean	DATE: 3/8/00
FACILITY LOCATION: 10/33 3Ethwy 441	
Belle view FL 3420	
Annual Reporting Period: March 20 TO March	20 <i>0</i>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	es 🗖 no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
· 	
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
Method ased to demonstrate compitation.	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting 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 inquin this notification are true, accurate and complete. Further, my annual consumption of perchloroethyles.	
purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per ye combination facilities.	
RESPONSIBLE OFFICIAL: Chyl-Won Lee Chuhle	3/00/00
Name (Please Print)  Signature	Date

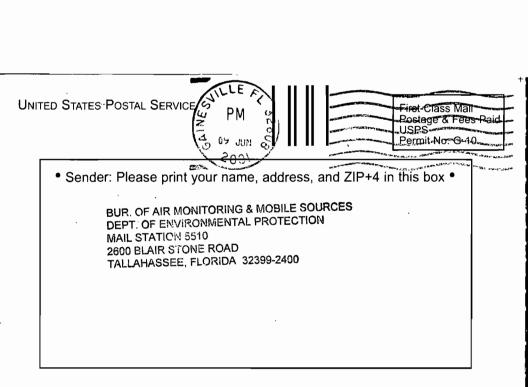
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🖽	сом	PLAINT/DISCOVE	RY 🗌	RE-INSPECTION	
TIME IN: 1100  TYPE OF FACILITY: DOG	TIME OUT:	1:30	AI	rs 10#: <u>083</u> 0	111	
FACILITY NAME: Mr. Dry (18am DATE: 3/8/00)						
FACILITY LOCATION: 10133 SE Huy 441 F 102						
Belleview, FL 34420						
RESPONSIBLE OFFICIAL: Mr. Lee PHONE NUMBER: 352-347-2003						
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 REQU	JIREMENT/PROBI	LEM	FOLLOW	-UP ACTION	N REQUIRED	
		ľ	,			
<del></del>						
				·		
COMMENTS:						
Incompliance (advised on botter record Keeping)						
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO  2 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
DATE OF NEXT INSPECTION: 3-200 (Approximate)						
INSPECTION CONDUCTED BY: Randal Conningham  (Please Print)						
INSPECTOR'S SIGNATURE: MALL PHONE NUMBER: 407-893-3333						
Page of Revised 10/96						

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
2768							
41,30	Postage Certified Fee	\$	Postmark				
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		· Here				
7000 0600	Recipient 10 AIRS ID # 0830111001AG  CHUL WON LEE  Street, Ap MR DRYCLEAN OF BELLEVIEW  10133 SE HWY 441 #102  City, State BELLEVIEW FL 34420						
	PS Form-3	IEW I E 31120	- Occumental sentiments fructions				

f					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0830111001AG CHUL WON LEE MR DRYCLEAN OF BELLEVIEW 10133 SE HWY 441 #102 BELLEVIEW FL 34420</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) 7000 0600 0026 4130 2768					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				



0357520

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**

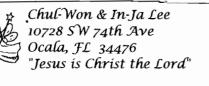
Do NOT Remove Label

AIRS ID # 0830111

MR DRYCLEAN OF BELLEVIEW CHUL WON LEE 10133 SE HWY 441 #102 BELLEVIEW FL 34420

FOR GOVERNMENT USE OF Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273





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

32315-3070

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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

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AIRS ID # 0830111

MR DRYCLEAN OF BELLEVIEW CHUL WON LEE 10133 SE HWY 44I #102 **BELLEVIEW FL 34420** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

577

Mr. Dry Cler 10133 SENS HWY WH #102 Belleview, FL 34420



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



412008 DEC212001

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

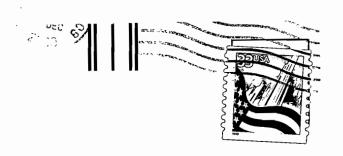
### **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0830111
MR DRYCLEAN OF BELLEVIEW
CHUL WON LEE
10133 SE HWY 441 #102
BELLEVIEW FL
34420

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 r. Dry Clem 10133 SE 45 HWY 441 #102 Belleview, FL34420



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



32312X3030

## This portion must be attached to remittance for proper handling 400595

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

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AIRS ID # 0830111

MR DRYCLEAN OF BELLEVIEW CHUL WON LEE 10133 SE HWY 441 #102 **BELLEVIEW FL 34420** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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AIRS ID#0830111

SHALOM TRADE CORP CHUL WON LEE 10133 SE HWY 441 #102 BELLEVIEW FL 34420

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

259665 /

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

FEB -3 97 TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0830111

SHALOM TRADE CORP CHUL WON LEE 10133 SE HWY 441 #102 3ELLEVIEW FL 34420 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273