0950291



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Jorge Saldana President Conway Cleaners 4450 Curry Ford Road Orlando, Florida 32812

Dear Mr. Saldana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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

Bureau of Air Monitoring

t. elee

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

		#0950291
	· .	Conway Cleaners
	P.14	1. (a) add date control device
•	p./5	installed, if any 5.6 not required, mark out "V" and initial
		and initial

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):			
	CONWAY C(EANER'S Hazardous Waste Generator Identification Number:			
3.				
	FLD 982168783			
4.	Facility Location: 4450 CURRY FORD Rd. Street Address:			
	City: ORLANDO County: ORANGE Zip Code: 32812			
5.	Facility Identification Number (DEP Use):			
	095029/			
Responsible Official				
6.	Name and Title of Responsible Official:			
	JORGE SALDANA PRESIDENT.			
7.	Responsible Official Mailing Address: Organization/Firm: 4450 CUNNY Fond RU.			
	Street Address:			
	City: ORLANDS County: ORANGE Zip Code: 32812			
8.	Responsible Official Telephone Number:			
	Telephone: (407) 275 0397 Fax: (407) 384-9721			
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: () -			
	<u></u>			

RECEIVED

AUG 2 1 1996

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	1
Dry-to-Dry Unit									a gaageesa Sana Gallas ka
(1) w/ ref. condenser	1	08-0cT	90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			Jane de la companya d		And the second	. The second		Section 1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			e		Para Harakar				Train.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	475						٠.		
(10) w/ ref. condenser		T				· .		Γ.	
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of [100] (b) If less than 12 mont Check why it is less 	are ro	equired to be ity of perchlons ons	installed [] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	initions found	·	3) of	Part II?	
Existing large are			Ne	ew la:	rge area sour	ce []		

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(Indicate with an "X".)	I of this notification form?			
Existing large area source Carbon adsorber Refrigerated condenser	_]			
New small area source Refrigerated condenser []				
New large area source Refrigerated condenser []				
	•			
5. A facility which contains non-exempt emissions units shall not be eligible to use to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-exemption criteria or that no such units exist on-site:				
All steam and hot water generating units on-site (1) have a total heat input of 10 mil boiler HP or less), and (2) are fired exclusively by natural gas except for periods of during which propane or fuel oil containing no more than one percent sulfur is fired	natural gas curtailment			
All steam and hot water generating units exempt No such units on-site []				
Equipment Monitoring and Recordkeeping Information				
Check all logs which are required to be kept on-site in accordance with the requirem	nents of this general permit:			
(a) Purchase receipts and solvent purchases				
	<u></u>			
Refrigerated condenser temperature monitoring	<u> </u>			
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Instrument calibration	_1			
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan	<u>/</u> 1			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	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)
LXI	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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. Jave Juliana 8-16-56 Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS 2-19-01 8

TYPE OF INSPECTION:

facility was 104 gallons.

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (@f) 🖸

RE-INSPECTIC	PL TO			
AIRS ID#: 0950291 DATE: 2-19-	9. 7. CO			
FACILITY NAME: Conway C1	eaners 8th			
FACILITY LOCATION: 4450 Curr	y tord Rd. Som			
Orlando, 1	FL 32812			
RESPONSIBLE OFFICIAL: Jorge S	aldana PHONE: 407-275-0397			
CONTACT NAME:	PHONE:			
PART 1: NOTIFICATION				
L,				
(check appropriate box)	Facility Compliance Status: IN 💆			
New facility notified DARM 30 days prior to state	•			
2. Facility failed to notify DARM to use general pe	rmit 🗆 SNC 🗆			
Dipm W. CV 100VPIG 1790V				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: I No notification form				
A.	a brop storerout of business pendicum			
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, $140 \le x \le 2,100$ 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			
, , , , , , , , , , , , , , , , , , , ,	ration: neral permit as number above nits and is not eligible for a general permit			

The sense of the s	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON WN/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	UY UN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	CIY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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 condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	יםץ פו
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	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?	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)	,
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of pere consumption?	MY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	OY ON MN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources, l	oi-weckly) leak detection an	nd repair	
inspection?			MD N	
2. Has the facility maintained a leak log?			ØY □N	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	MY ON ON/A	
Door gaskets and seating	ZY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A	
Water separators	DY ON ON/A	·		
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed so	ब			
Physical detection (airflow felt th	. u			
Odor (noticeable perc odor)	ū			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	٥	
Halogen leak detector				
If using direct-reading instr	umentation, is the equipme	ent:	⊠N/A	
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and afte	er each use	OY ON	
c. Inspected for leaks an	nd obvious signs of wear on	a weekly basis?	מם עם	
d. Kept in a clean and secure area when not in use?			OY ON	
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON	
Ilka Bundy		2-19-01	·.	
Inspector's Name (Please Prin	nt)	Date of Inspection		
Illia Bund		2-19-02		
Inspector's Signature)		Approximate Date of 1	Next Inspection	

ADDITIONAL SITE INFORMATI	IUN:
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Did

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

A 0	2 10-01	

		<u> </u>	
ACILITY NAME: Conway Clea	ners	DAT	E: 2-19-01
ACILITY LOCATION: 4450 Curry	Ford Rd.		
ACILITY LOCATION: 4450 Curry Orlando,	FL 32812		
anual Reporting Period: February	20 <i>00</i> TO	Februar	y 20 01
		•	
ased on each term or condition of the Title V general a		FT.	
2-213.300, Florida Administrative Code (F.A.C.), durin	ng the period covered by this st	atement. LYES	□NO
NO, complete the following:			
1. Term or condition of the general permit that has not	been in continuous complianc	c during the reporting peri	od stated above:
xact period of non-compliance: from		to	
ction(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·		
lethod used to demonstrate compliance:			
2. Term or condition of the general permit that has not	been in continuous compliance	e during the reporting per	iod stated above:
xact period of non-compliance: from			
	· .		
ction(s) taken to achieve compliance:	<u>·</u>		
ethod used to demonstrate compliance:	,	·	
s the responsible official, I hereby certify, based on inf	ormation and belief formed aft	er reasonable inquiry, tha	t the statements mad
this notification are true, accurate and complete. Fur irchase receipts, does not exceed 2,100 gallons per year			
ambination facilities.	ar yor ary-to ary jacinines or 1,	A	. a.a.jor or
ESPONSIBLE OFFICIAL: JORGE SA	(dANA	Yora Daldon	2-19-01
Name (Please I	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 liscretion of the responsible official to use this form.

Page 1 of 1

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL OF COM	MPLAINT/DISCOVERY ☐ RE-INSPECTION ☐
TIME IN: 10 3 5 ŢIME OUT: //	100 AIRS ID#: 0950291
TYPE OF FACILITY: Dry Cleaner	
FACILITYNAME: Conway Cleaners	DATE: 2-19-01
FACILITY LOCATION: 4450 Curry Ford	Rd.
Orlando, FL 32812	
RESPONSIBLE OFFICIAL: Jorge Saldana	PHONE NUMBER: <u>407-275-0397</u>
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat	ted during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UPACTION REQUIRED
	· ·
	Α.
7-71-15 0	
21 3	
the same of the	······································
1-5-51 13.5	
·	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION: 2 - 19 - 0	02
INSPECTION CONDUCTED BY: The Bur (Please)	ndy
INSPECTOR'S SIGNATURE: Alla Sund	PHONE NUMBER: 407 - 836 - 1400

45-19 (6/00)

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Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [] COMPI	LABUTOUS COVERY [] RE-INSPECTION []
TIME IN: 1/00 TIME OUT:	AIRS ID#: 69507-91
TYPE OF FACILITY: FACILITY NAME: Convay Cleave FACILITY LOCATION: 4450 CVM FO CVlando FI RESPONSIBLE OFFICIAL: Torse Solders	DATE: 1 30 97
RESPONSIBLE OFFICIAL: Jurge Soldang	PHONE NUMBER: 275-0397
Dased on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the facility is found to be in ive Code (F.A.C.).
No Leak detection log for 1996	
1997 log OK Need to check leaks every two weeks	No Action Required
•	
COMMENTS:	
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: (A	ified and submitted to the inspector. YES NO A No G No G
	l Fletcher
	PHONE NUMBER: (407) 836-9524
manufacture of the first state o	n

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259049

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

RECEIVED MAIL ROOM

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950291

SALDANA AGURTO INC JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO; B1 Fund: 20-2-035001

Оы.: 002273

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) CI	COMPLAINT/DISCO	VERY	۵
AIRS ID#: <u>095 029/</u> FACILITY NAME: <u>Cond</u>			1100 N: <u>4030</u> kml TIME	E OUT:	
FACILITY LOCATION:	4450 CURRY	FURD	RD L		
PART I: NOTIFICATION					
(check appropriate box)	and the second s	The second secon			
1. Existing facility notified D	ARM by 9/1/96				BC
2. New facility notified DAR	M 30 days prior to starte	ıp			a l
3. Facility failed to notify D/	RM to use general pern	nit			
PART II: CLASSIFICATION					
Facility indicated on notific (check appropriate box)	ation form that it is:				
A. 1. Existing small area so dry-to-dry only, x<140 gatransfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/s	l/yr	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr		
3. Existing large area s dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,8="" 9="" <="" before="" both="" only,="" td="" transfer="" types,=""><td>, 100 gal/yr 00 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2>	, 100 gal/yr 00 gal/yr gal/yr	transfer only, both types, 14	e area source ly, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility cla	ssification	MY ON			
If no, please check the appr	opriate classification:				
☐ facility ex	alified for a general peri eceds above limits and is	s not cligible for	or a general permit		
B. The total quantity of per facility was 100 gall		irchased withi	n the preceding 12 mont	hs 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 scaled and impervious containers?	ØY □N				
2. Examining the containers for leakage?	OXY CIN				
3. Closing and securing machine doors except during loading/unloading?	фky Ои				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	2αν Ων				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	∑ Y				
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 refri (complete A below).	gerated condenser				
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 refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	UY UN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ОУ ОИ				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ				

B. Has the responsible official of an existing large or new large area source also:	
 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	טץ טא
2. 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	בארם אם אר
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?	MY DN
2. Maintained rolling monthly averages of perc consumption?	DA MN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y QΥN
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ΩY ŅĪN
6. Maintained startup/shutdown/malfunction plan?	BOY CIN
7. Maintained deviation reports?	ØYY □N
Problem corrected?	N□ Y K
8. Maintained compliance plan, if applicable?	ØY □N □N/A
PART VI: LEAK DETECTION AND REPAIRS	MG AM

2.	Which method of detection is used by the	ic respons	sible official	?					
	Visual examination (condensed solvent on exterior surfaces)								
	Physical detection (airflow felt th								
	Odor (noticeable perc odor)								
	Use of direct-reading instruments	tion (FID	/PID/calorin	ictric tubes)					
	If using direct-reading instrum	entation,	is the equip	ment:					
	a. Capable of detecting	pere vapo	r concentrati	ons in a range of 0-500 ppm?	CIY C	JN			
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior to a	nd after each use	OY C	JИ			
	 e. Inspected for leaks ar 	nd obvious	s signs of we	ar on a weekly basis?	DY C	ИС			
	d. Kept in a clean and s	ccure area	a when not in	n use?		NC			
	e. Verified for accuracy	mples (calorimetric only)?	DY UN						
3.	Has the facility maintained a leak log?	UY U	И						
4.	Does the responsible official check the	aks?							
	Hose connections, fittings, couplings, and valves	ХY	ПИ	Muck cookers	% Y	ПИ			
	Door gaskets and scating	₩Y	ПN	Stills	ĊΥ	ПИ			
	Filter gaskets and scating	XY	ПN	Exhaust dampers	SÁ	ПИ			
	Pumps	ΟŃΫ́	ПN	Diverter valves	. Д Х	ПN			
	Solvent tanks and containers	ŻÝ	ПИ	Cartridge filter housings	XY	ΩИ			
	Water separators	YZ,	ПN						

JORGE SALDANA	
Name of Responsible Official	
Todd Fletcher M. DRISCOLC	1/30/97
Inspector's Name (Please Print)	Date of Inspection
Main L'Alricale	1/30/98
Inspector's Signature	Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950291

SALDANA AGURTO INC JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812

Do NOT Remove Label

Annual Reporting Period:	JAN.	19 98 7	ro <u>Ja</u>		19 <u>99</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.					EP Rule NO
If NO, complete the following:					
#1. Term or condition of the general permit th	nat has not been in c	ontinuous cor	mpliance during t	he reporting perio	od stated above:
Exact period of non-compliance: from		-	to	-	**************************************
Action(s) taken to achieve compliance:			<u>.</u>	16N 20	PE
Method used to demonstrate compliance:					NED.
#2. Term or condition of the general permit th		·		he reporting perio	od stated above:
Exact period of non-compliance: from	N E	CEI	<u> V ೄ レ</u>		
Action(s) taken to achieve compliance:		JAN 2 2 1	1998		
Method used to demonstrate compliance:		cau of Air M & Mobile So			
As the responsible official, I hereby certify, based notification are true, accurate and complete. Fur does not exceed 2,100 gallons per year for dry-to d	ther, my annual cons	umption of per	rchloroethylene soi	lvent, based upon p	ourchase receipts,
RESPONSIBLE OFFICIAL: Jok 6E Name	SA (JANA (Please Print)		Signature	aldene_	/- 15-58 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	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: Z'10 TIME OUT:	2:30 AIRS ID#: 0950791
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: COWWAY Clea	
FACILITY LOCATION: 4950° COVN	1-012 Rd 1-32812
RESPONSIBLE OFFICIAL: Jovae Saldan	•
	ts evaluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Act Based on the results of the compliance requirement discrepancies were noted:	ts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
NO leak Detection L	og SIX Month veinspection
No Running Per Log	11 11
3	
· .	
COMMENTS:	
The Annual Compliance Certification form has been proper	rly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	8/10/98
INSPECTION CONDUCTED BY: ODD	(Approximate)
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: 836-9524

Revised 10/96

BEST AVAILABLE COPY Conway Cleaners P.14 1.(a) add date control device installed, if any p.15 5.(c) not required, mark out "/"

and initial 3. F 32812 6. 7. ode: 32812 8. Name and Title of Facility Contact (For example, plant manager). 10. Facility Contact Address:

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Zip Code:

AUG 2 1 1996

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

Street Address:

Telephone:

11. Facility Contact Telephone Number:

(' ...)

City:

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County:

Fax: (

)

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):

	SALDANA A GURTO INC Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	CONWAY CLEANERS Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 982168783
4.	Facility Location: 4450 CURRY FORD Rd. Street Address:
	City: ORLANDO County: ORANGE Zip Code: 32812
5.	Facility Identification Number (DEP Use):
	0950291
	Responsible Official
6.	Name and Title of Responsible Official:
	JORGE SALDANA PRESIDENT.
7.	
	Organization/Firm: 4450 CONNY fond RU Street Address:
	City: ORLANDO County: ORANGE Zip Code: 32812
8.	Responsible Official Telephone Number:
	Telephone: (407) 275 0397 Fax: (407) 384- 9721
	Facility Contact (If different from/Responsible Official)
	<u> </u>
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	Street Address: V City: County: Zip Code:
	2.9 2020.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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
<u>;</u>		Initially	Device		Initially	Device		Initially	Device
Type of Machine		Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	1	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit						}			* · · · · · ·
(1) w/ ref. condenser	1	08-cct	90 08-	xt.	-90 D.				
(2) w/ carbon adsorber									
(3) w/ no controls					0				
Washer Unit					_				
(4) w/ ref. condenser									
(5) w/ carbon adsorber		1							
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser	_								
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1.4.	1,1			•				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	nitions found nall area sour	rce [3) of	Part II?	
2			110	101	55 area 30ar		J		

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	ontrol technology is requite with an "X".)	ired on machines	pursuant to section	on (5) of P	art II of this r	otification f	orm?
	Existing large area source Carbon adsorber	<u> </u>	Refrigerated co.	ndenser		,	
	New small area source Refrigerated condenser			÷			
	New large area source Refrigerated condenser	ن			٠		
to Rule 62	ity which contains non-e 2-213.300, F.A.C. Verify n criteria or that no such	that all steam an	d hot water gener				
boiler HP	and hot water generating or less), and (2) are fire ich propane or fuel oil c	d exclusively by n	atural gas except	for period	ds of natural g		
	and hot water generating nits on-site	g units exempt	[X] []				
	Equipm	ent Monitoring a	and Recordkeepi	ing Inforn	nation		
Check all	logs which are required t	to be kept on-site	in accordance wit	th the requ	irements of th	nis general p	ermit:
(a) Purcha	se receipts and solvent p	urchases					
(b) Leak d	letection inspection and r	epair				. (
-(c) Refrige	crated condenser tempera	ature monitoring		·		/ 1.	
(d) Carbon	adsorber exhaust perc o	concentration mor	nitoring				
(e) Instrun	nent calibration						
(f) Start-u	ip, shutdown, malfunctio	n plan					

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Surrender of Existing Air Permit(s)

]	I hereby surrender all existing air permits authorizing operation of the
	facility indicated in this notification form; specifically, permit number(s)
<u>_X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
is notif	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that
iis notif atemen aintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that ts 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
nis notif atemen aintain omply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that 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
nis notif atemen aintain omply v	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 amptly notify the Department of any changes to the information contained in this notification.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950291 SALDANA AGURTO INC JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812 Do NOT Remove Label 2/10/98 130/97 4 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the stepements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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

mys - 4	1/	PAGE AS
TITLE V (YLENE DRY CLEANERS GENERAL PERMIT	Sureau of Air 1998
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	NSPECTION CHECKLIST COMPLAINT/DISCOVERY	Sureau or Air Monitoring
AIRS 10#: 095029 DATE: 2/10	(2) TIME IN: 2:10 TIME OUT:	z:30
FACILITY NAME: Conway	Cleaners	
FACILITY LOCATION: 4450	Corry-ford Rd	·
· ·	do Fl. 32812	
RESPONSIBLE OFFICIAL: Toyse S		o-0397
CONTACT NAME:		
DADT I. NOTIFICATION		
PART I: NOTIFICATION (check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	<u> </u>
2. Facility failed to notify DARM to use general per		0
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/p	octroleum
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, $140 \le x \le 2,100$ 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	□Y □N □Can not determine	
If no, please check the appropriate classifi facility qualified for a go facility exceeds above lie		
B. The total quantity of perchloroethylene (perc) proceedings facility was 100 gallons.	ourchased 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 scaled and impervious containers?	אומט מט אים				
2. Examining the containers for leakage?	מאים אם אין				
3. Closing and securing machine doors except during loading/unloading?	אם, אם				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?					
5. Maintáining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאט אם אם				
The second secon					
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 refri (complete Λ and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	אט אט				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ע/אם אם אם				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בוץ בוא בוא/ג				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	שצ שא				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	CIY CIN CIN/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט צט				

B.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	UN	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЦY	UN	UN/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ÜN	מאמ
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ÜΥ	ШN	
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ÜИ	ÜN/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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	ΠN/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY DN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: UY LÍN UN/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 DY ON DNA and parts installed w/in 5 days of receipt? UY MN UN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? TY UN 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY UN DYNA Problem corrected? DY DN BYNA 8. Maintained compliance plan, if applicable?

PΛ	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				ŒΥ	אָט.
2.	Has the facility maintained a leak log?				ŪΫ	ФŃ
3.	Does the responsible official check the fe	ollowing areas	for leaks?			
	Hose connections, fittings, couplings, and valves	מא מא מו	Ν/Λ	Muck cookers	ωY	אואט אט
	Door gaskets and scating	GA ON OI	N/A	Stills	ØΥ	מאם אנו
	Filter gaskets and seating	DA ON OI	N/A	Exhaust dampers	ďΥ	ע/אם אם
	Pumps	CA CIN CI	N/A	Diverter valves	ĽΥ	ע/אם אם
	Solvent tanks and containers	מא מא מי	N/A	Cartridge filter housings	ŒΥ	ON ON/A
	Water separators	DY DN DI	N/A			
4.	Which method of detection is used by the	e responsible o	official?		/	
	Visual examination (condensed solvent on exterior surfaces)				ර	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/PID/	calorimetric t	lubes)		
	Halogen leak detector				0)	
	If using direct-reading instru	imentation, is	the equipmo	ent:	(AN)	'Λ
	 Capable of detecting p 	ere vapor con	centrations in	a range of 0-500 ppm?	ШΥ	ÜN
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 			ΩY	ПN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			LJY	Πи	
	d. Kept in a clean and secure area when not in use?			ÜΥ	ШN	
	e. Verified for accuracy	by use of dupli	icate samples	(calorimetric only)?	ÜΥ	ПN
No.	Control of the Contro		· · · · · · · · · · · · · · · · · · ·			

TODD Fletchev
Inspector's Name (Please Print)

Inspector's Signature

2 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:					
	,				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLAINT/DISCOVERY 🗆
RE-INSPECTION	ON 🔲
·	
	8 TIME IN: 0950 TIME OUT: 1030
FACILITY NAME: CONCURY	
FACILITY LOCATION: 4450	CURRY FOLD RD.
<u>ORLANDO</u>	CL 32812
RESPONSIBLE OFFICIAL:	DALDANA PHONE (407) 275-0397
CONTACT NAME:	DITONE
	<u> </u>
PART I: NOTIFICATION	
(check appropriate box)	& All G
New facility notified DARM 30 days prior to sta	5. P L
2. Facility failed to notify DARM to use general po	ermit 6 4 M
PART II: CLASSIFICATION	es
Facility indicated on notification form that it is:	☐ No notification form
	☐ Drop store/out of business/petroleum
(check appropriate box)	a prop store/out of oustness/petrolettin
Λ.	
A. 1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	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
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	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
 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 	 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 	 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) New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
 A. 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)
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 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
 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 classification facility qualified for a great source dry-to-dry only, 200 ≤ x ≤ 1,800 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 $12/9/91$) 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 $12/9/91$)

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? UN UN/A 2. Examining the containers for leakage? ON ON/A Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at אום מם צאב least 24 hours prior to disposal? 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
I.	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?	ĽΙΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ШN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ГΙΥ	ΠN	DN/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?	ΟY	N	□n/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ΠN	EJN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly total of perc consumption?	DN ÖN			
3. Maintained leak detection inspection and repair reports for the following:	` /			
a. documentation of leaks repaired w/in 24 hrs? or;	DAY CIN CIN/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	איאַבּל אוֹם גם			
6. Maintained startup/shutdown/malfunction plan?	DA ON			
7. Maintained deviation reports?	אַאַל אם אם אַ			
Problem corrected?	אוס אם אם אי			
8. Maintained compliance plan, if applicable?	אואלל אם גם			

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?			LIN LIN		
2.	Has the facility maintained a leak log	?		DN PEC		
3.	Does the responsible official check th					
	Hose connections, fittings, couplings, and valves	ZY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	Y ON ON/A	Stills	AVA ON ON/A		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MA CIN CIN'Y		
	Pumps	AV ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	AND NO PIVA	Cartridge filter housings	AND NO YES		
	Water separators	MANO NO ANT				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	<u></u>				
	Physical detection (airflow felt t	hrough gaskets)				
	Odor (noticeable perc odor)			a		
	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector					
	If using direct-reading ins	trumentation, is the equip	ment:	JEN/A		
	a. Capable of detecting	OY ON				
	b. Calibrated against a (PID/FID only)?	ם א מא				
	c. Inspected for leaks	OY ON				
	d. Kept in a clean and	se?	CIY ON			
	e. Verified for accurac	ry by use of duplicate samp	les (calorimetric only)?	OY ON		

ASSEFA HATCEM ANTAM
Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDI	TIONAL SITE INFO	ORMATION:		
	·			
		•		
		•		
		·		
			•	
\				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 0930 TIME OUT: 1030 AIRS IDH: 095029/ TYPE OF FACILITY: DLYCLEANER FACILITY NAME: CONWAY BLENESS DATE: 8/2/98 FACILITY LOCATION: 4450 CORRY FORD Rd. OR LAND FL 328/2 RESPONSIBLE OFFICIAL: TORGE SALDANA PHONE NUMBER: 407.275-03 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOTE AND ACTION CONDUCTED BY: ASSET HAT LEMANTAM (Please Print) INSPECTION CONDUCTED BY: ASSET HALDEMARCAL PHONE NUMBER: 836-9323	TYPE OF INSPECTION:	ANNUAL D	COMPL	AINT/DISCOVERY	RE-INSPECTION .
FACILITY NAME: CONWAY ALEMENTS FACILITY LOCATION: 4450 CORRY FORD Rd. OR LAND FL 32872. RESPONSIBLE OFFICIAL: JORGE SALDANA PHONE NUMBER: 407.275-03 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.) Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: FACISTY IN DIRECTION SALDED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOTE OF THE ADMINISTRATION CONDUCTED BY: ASSEEA HAT LEMANTAM (Please Print) INSPECTION CONDUCTED BY: ASSEEA HAT LEMANTAM (Please Print)	TIME IN: 0950	TIME OUT: 10.	30	AIRS ID#:	950291
FACILITY LOCATION: ##\$6 CORRY FORD Rd. OR LAND FL 32812 RESPONSIBLE OFFICIAL: DAGE SALDAMA PHONE NUMBER: 407.275-03	<u> </u>				
FACILITY LOCATION: ##\$6 CORRY FORD Rd. OR LAND FL 32812 RESPONSIBLE OFFICIAL: DAGE SALDAMA PHONE NUMBER: 407.275-03	FACILITY NAME:	CONWAY @	CEARE	XS	DATE: 8/2/98
RESPONSIBLE OFFICIAL: TORGE SALDAWA PHONE NUMBER: 407.275-03 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED TO A COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED TO A COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOTATE OF NEXT INSPECTION: BATE OF NEXT INSPECTION: A SSEFA HAT LEFMARIAM (Please Print)	*	4450 COIRE	Y FOR	o Rd	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Burgasul of Air Montal Solution of Air Montal S		ORLAND FL	328	//2	<u> </u>
compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.) Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED FOLLOW-UP ACTION REQUIRED TO A COMMENTS: COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Society (Approximate) INSPECTION CONDUCTED BY: ASSEEA (Please Print)	RESPONSIBLE OFFICIAL:_	JORGE SA	LDAN	PHONE NUMBER:	407.275-035
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Bureau Of Air Morphile Source See See See See See See See See See S	<u>ر ح</u>				ility is found to be in
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. SHAFF (Approximate) INSPECTION CONDUCTED BY: ASSETA HAILEMARIAM (Please Print)	discrepancies were no	oted:		during this inspection, the foll	lowing compliance
COMMENTS:	COMPLIANCE REC	QUIREMENT/PROBI	EM	FOLLOW-UP ACTI	ON REQUIRED
COMMENTS:					
COMMENTS:					
COMMENTS:					
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: ASSEFA HAT LEMANIAM (Please Print)		y :			REC Bureau & I
COMMENTS: LACISTY IN DIDECT The Annual Compliance Certification form has been properly certified and submitted to the inspector. PATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: ASSETA HAT LEMANIAM (Please Print)		·			27 145 of Air Mo hobile Soi
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: ASSEFA HAT LEMANIAM (Please Print)					toring
DATE OF NEXT INSPECTION: 8/7/99 (Approximate) INSPECTION CONDUCTED BY: ASSEFA HAT LEMANTIAM (Please Print)	COMMENTS:	Acility IN	l DA	der	
(Approximate) INSPECTION CONDUCTED BY: ASSEFA HAT LEMANIAM (Please Print)	The Annual Compliance Certi	fication form has been prop	erly certified	and submitted to the inspector	YES NO
(Please Print)	DATE OF NEXT INSPECT	ION:	8/7/9 (Appro	9 ximate)	
INSPECTOR'S SIGNATURE: Orsels Hailemannin PHONE NUMBER: 836-9323	INSPECTION CONDUCTE		(Pleas	e Print)	
	INSPECTOR'S SIGNATUR	E: onet Ha	ilean aco	PHONE NUMBER	: 836-9323

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| Wild in | 120| 98

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 🗆
RE-INSPECTIO	N 1120/98
	mld
AIRS ID#:0950291 DATE: 8/7/9	8 TIME IN: <u>0950</u> TIME OUT: <u>/ 133</u>
FACILITY NAME: CONLWAY	
FACILITY LOCATION: 4450	PURLY FOLD RD.
ORLANDO	EL 32812
responsible official: <u>Torge</u> J	PALDANA PHONE (407) 275-0394
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	p 0
(check appropriate box)	7 24 8
1. New facility notified DARM 30 days prior to sta	rtup 30 20 1
2. Facility failed to notify DARM to use general pe	rmit COS E
·	
PART II: CLASSIFICATION	es and
Facility indicated on notification form that it is:	□ No notification form 7
(check appropriate box)	☐ Drop store/out of business&petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	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
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
(constructed octore 12/3/31)	
5. This is a correct facility classification	□Y □N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) prefacility was <u>AOO</u> gallons.	ourchased within the preceding 12 months by this dry cleaning

PERCHLOROETHYLENE DRY CLEANERS

TYPE	\mathbf{OF}	INSPI	ECTI	ON:
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PERCILLOROETH TITLE V.	VAILABLE COPY Y LENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST COMPLAINT/DISCOVERY NOTAL MONITORING NOTAL MO	FC
AIRS ID#: 0950351 DATE: 2-10	98 TIME IN: 2:10 TIME OUT: 2:30	
FACILITY NAME: CONWAY	Cleaners	
FACILITY LOCATION: 4456		
Ovlan	do Fl. 32812	
RESPONSIBLE OFFICIAL: Joyce S	09/dana PHONE: (407)275-0397	
	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)	P_	
(check appropriate box) 1. New facility notified DARM 30 days prior to star	rtup Pr	
New facility notified DARM 30 days prior to star		
New facility notified DARM 30 days prior to star		
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per PART II: CLASSIFICATION Facility indicated on notification form that it is:	U No producation form	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	emit No. C.	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	C No position form Drops of Journal of business/petroleum 2. New small area source	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	2. New small area source dry-to-dry only, x < 140 gal/yr	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	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	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	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	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	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)	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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 both types, 140 ≤ x ≤ 1,800 gal/yr	In No goalication form Drops to Journal 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	
1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per 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	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ 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, $140 \le x \le 1,800$ gal/yr	

facility qualified for a general permit as number , above

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

If no, please check the appropriate classification:

facility was 100 gallons.

PERCHLOROETHYLENE DRY CLEANERS

(check appropriate box)

		y	Δ	4
PEROTYPE OF INSPECTION:	CIILOROETHYLI TITLE V GENE COMPLIANCE INSPE ANNUAL RE-INSPECTION		Burga Tip C	10
AIRS 10#: <u>0950291</u>	`(1	TIME OUT: 183	-
FACILITY NAME:	onway Clean	ers		
FACILITY LOCATION:	4450 Curry	Ford Rd.		.
	Orlando FL	32812	·	·
RESPONSIBLE OFFICIAL	: Jorge Sald	ana PIIONE: 407	- 275-0397	
CONTACT NAME:	·	PIIONE:		
			:	_
PART I: NOTIFICATION				

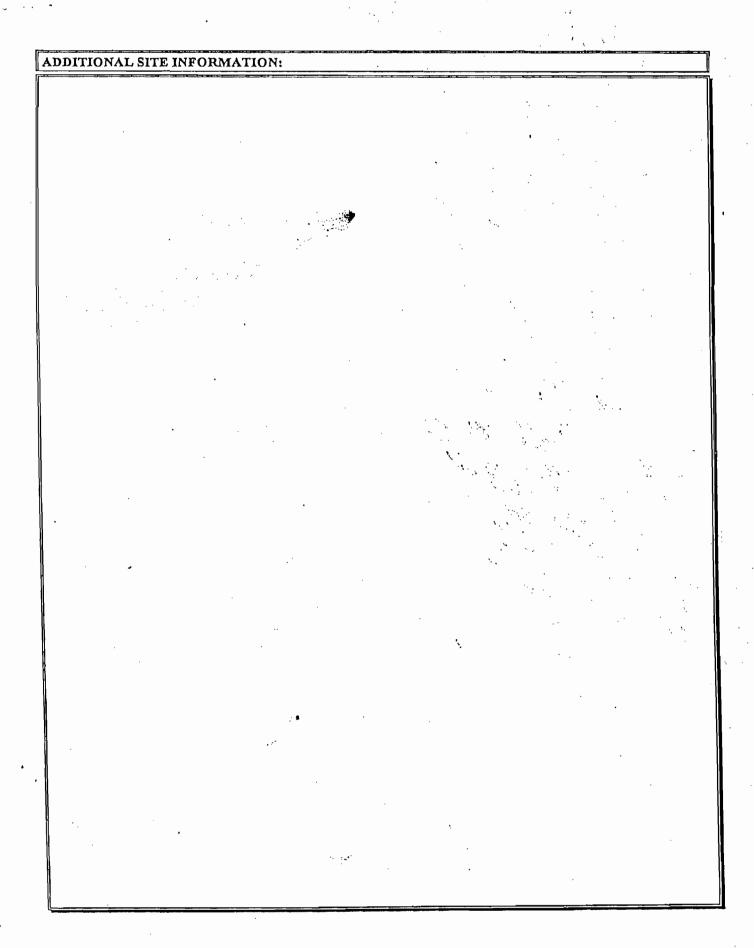
1. New facility notified DARM 30 days prior to star	tup U ·
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	U No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area 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) 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	 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/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91) AY DN DCan not determine
B. The total quantity of perchloroethylene (perc) placifity was 105 gallons.	ourchased 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 scaled and impervious containers?	MY, ON ON/A
2. Examining the containers for leakage?	. QA ON ONIV
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מ/אם אט עש
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוא בוא מאוע
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.:
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	figerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete ${\bf A}$ and ${\bf B}$ below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ר א ₪ אם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. ОХ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

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

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

PA	ART VI: LEAK DETECTION AND R	EPAIRS				
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regair					
	inspection?	N _a		MY ON		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	איום אם אים		
	Door gaskets and scating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	QX ON ONV	Diverter valves	MA ON ON/V		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surface	:s)	व		
	Physical detection (airflow felt thr	rough gaskets)		· a		
	Odor (noticeable perc odor)	· .				
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric Inbes)			
	Flalogen leak detector					
	If using direct-reading instr	unicutation, is the equip	ment:	⊠N/∧		
	a. Capable of detecting ;	perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in u	sc?	אם צם		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON		
	and the second second					
			· .			
	·	. u. •				
	Ilka Bundy		2/1/0	39		
_	Inspector's Name (Please Pri	nt)	Date of Insp	ection		
_	Allra Bunch		2/1/2	2000		
	Lucasatan'a Circultura		A	Naut Ingresition		



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1030	AIRS ID#: 0950291
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Conway Cleaners	DATE: 2/1/99
	d
Orlando, FL 3281.	
RESPONSIBLE OFFICIAL: Jorge Saldana	PHONE NUMBER: 407-275-6397
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
·.	
•	
,	
·	
	·
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certifie	
DATE OF NEXT INSPECTION: $\frac{2}{1200}$	roximate)
TIL D I	
INSPECTION CONDUCTED BY: 1K4 DUNG (Ples	ase Print)
INSPECTOR'S SIGNATURE: Alla Burch	PHONE NUMBER: 836 -9524
Page	of / Revised 10/96

PERMIT ORIM ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT DATE: 8-20-99 compliance with DEP Rule t. DYES NO SEP 28 1999
PERMIT ORM ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT DATE: \$\(\frac{2}{2} - 99 \) compliance with DEP Rule t. UYES \(\propention \) g the reporting period stated above: RECEIVED
DATE: 8-20-99 DATE: 8-20-99 compliance with DEP Rule t. DYES NO
DATE: 8-20-99 2 19 97 compliance with DEP Rule t. DYES NO g the reporting period stated above: RECEIVED
compliance with DEP Rule t. DYES NO g the reporting period stated above: RECEIVED
compliance with DEP Rule t. DYES NO g the reporting period stated above: RECEIVED
compliance with DEP Rule t. DYES NO g the reporting period stated above: RECEIVED
compliance with DEP Rule t. DYES NO g the reporting period stated above: RECEIVED
t. ÚYES NO g the reporting period stated above: RECEIVED
RECEIVED
RECEIVED
SEP 2 8 1999
Bureau of Air Monitoring
& Mobile Sources
g the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·
onable inquiry, that the statements
f perchloroethylene solvent, based dry facilities or 1,800 gallons per

Page _____ of ____.

PERCHLOROETH

HYLENE DRY CLEANERS	V	8/14
GENERAL PERMIT		$O(i\varphi)$
INSPECTION CHECKLIST		ı

AN

VAILABLE COPY C	TITLE V GENER OMPLIANCE INSPEC			
TYPE OF INSPECTION:	ANNUAL	COMPLAINT	DISCOVERY	
FUI	RE-INSPECTION	1 no 114198	, >	
AIRS 10#:0950291 DA	TE: 8/7/98	TIME IN: 0950	TIME OUT:	130
FACILITY NAME: _COAL				
FACILITY LOCATION:	,) .	
	RLANDO FO	,		
RESPONSIBLE OFFICIAL:	TORGE SALD	ANIA PHONE 40	7) 275-	0397
1				· ·
2 C Pulls // Owners .				
PART 1: NOTIFICATION	The State American Control of the Co			
(check appropriate box)	AND THE PARTY WHICH PROPERTY IS CARRY OF THE PARTY OF THE			
1. New facility notified DARM 30	days prior to startup			
2. Facility failed to notify DARM	o use general permit			
l'aller de la company de la co				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:	☐ No notificat☐ Drop store/o	tion form out of business/pe	troleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to- transfo	w small area source dry only, x < 140 gal/yr or only, x < 200 gal/yr	 	
both types, x < 140 gal/yr (constructed before 12/9/91)	-	/pcs, x < 140 gal/yr ructed on or after 12/9/91)) .	

3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ 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)

5. This is a correct facility classification

4. New large area source \Box 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)

□Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number

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

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

Bureau of Air Monitoring & Mobile Sources

TAKT 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 ON ON/A				
2. Examining the containers for leakage?	OY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	AUY ON				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואס אס אס.				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאשק אט עם				
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 Λ 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 refr (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם אם אם				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מט עם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	בוץ בוח בוח בו				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	םץ םא				

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?	ΞY	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ÜN	□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?	CIY	DИ	DN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШΥ	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ПN	UN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	,			
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly total of perc consumption?	ON 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/Y			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DA ON ON'Y			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON BNIA			
5. Maintained exhaust duct monitoring data on perc concentrations?	עאעבל אם גם			
6. Maintained startup/shutdown/malfunction plan?	DA ON			
7. Maintained deviation reports?	DY ON DWA			
Problem corrected?	אואס אם אם			
8. Maintained compliance plan, if applicable?	מאלי אם גם			

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?		•	JUN UN
2. Has the facility maintained a leak log	?		DN DN
3. Does the responsible official check the	c following areas for leaks	7	
Hose connections, fittings, couplings, and valves	אואם אם צוב	Muck cookers	ZY ON ON/A
Door gaskets and scating	ANY ON :ON/A	Stills	אואם אם צום
Filter gaskets and seating	DY ON ON/A.	Exhaust dampers	אואם אם אש
Pumps	AND NO YES	Diverter valves	DAY ON ON/Y
Solvent tanks and containers	AND NO YO	Cartridge filter housings	אוחם אם אם,
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	cs)	A
Physical detection (airflow felt t	hrough gaskets)		a,
Odor (noticeable perc odor)	ם		
Use of direct-reading instrumen	tation (FID/PID/calorime	ric tubes)	
Halogen leak detector			
If using direct-reading ins	trumentation, is the equi	pment:	JAN/A
a. Capable of detecting	g pere vapor concentration	is in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	חא מי אם		
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and	secure area when not in	isc?	מצ מא
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	DY DN

ASSEFA HATCEM ANTAM
Inspector's Name (Please Print)

DITIONAL SITE INFOR	MATION:	
		onte nazi ak okuma 4 mini 1930 (Alami 1934), ya pingi 1934 (Alami 1934) na Alami 1930 (Alami 1936) na mini 194
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		•
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•		
,		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COM	IPLAINT/DIS	COVERY	RE-INS	PECTION [
TIME IN: ANG D	TIME OUT: 10:	3)		AIRS ID#:	295027	; /
TYPE OF FACILITY:	DEVCLEAMA	c L	nga-naga ng nga ng manggan milinggan panggan			,
FACILITY NAME:	COMMAY C	C. E. M. C.	02.25		DATE: 🥳	12/48
FACILITY LOCATION:	4450 CURR			/ · · · · · · · · · · · · · · · · · · ·		
!	OKLAND FE	- 3	2812:			
RESPONSIBLE OFFICIAL:_	JOHEE IN	1200		PHONE NUMBE	R: 407.6	41-0357
	of the compliance requirement Rule 62-213.300, Florida A		-	•	acility is found t	o be in
Based on the results of discrepancies were no	of the compliance requirement oted:	its evalua	ited during thi	s inspection, the f	ollowing compli	ance
COMPLIANCE REC	QUIREMENT/PROBL	EM	FOL	LOW-UP AC	TION REQU	IRED
						•
		-				
MMENTS:	will by 100		n Sei			
Annual Compliance Certi	fication form has been propo	3/7/		tted to the inspect	-	
	DBY: <u> </u>	-				
CTOR'S SIGNATUR	E: resolute flor	Come	2. / Will [PHONE NUMBE	R: <u>836 -</u>	2323

Page 1 of 1.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECE	I VARIS
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	COMPLIANCE INST	CHONC	HECKLIST	K		7.10
TYPE OF INSPECTION:	ANNUAL	a	COMPLAIN	r/discovery	FEB 2	4 SOUN A
	RE-INSPECTION					
					Bureau of Ai	r Monitoring
		`			MdoN &	Sources
AIRS 10#: 0950291	DATE: 02-08-CL	TIME!	IN: 1345	_ TIME OUT: _	1405	
FACILITY NAME:	onway Cleaner	·S .				
FACILITY LOCATION:	4450 Curry 1	Ford	Rd.			
<u>. (</u>	Orlando, FL	328	12	· .		
RESPONSIBLE OFFICIAL	: Jorge Salda	na	PHONE: 4	07-275-0	397	
CONTACT NAME:		· ,	PHONE:	 		
		·			·	

PART I: NOTIFICATION

(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit Q
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	4 New large area source
3. Existing large area source	4. Itel large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	(constructed on or after $12/9/91$)
(constructed before 12/9/91)	(constructed on of after 12/3/31)
5. This is a correct facility classification	UY ON OCan not determine
If no, please check the appropriate classific	ation:
facility qualified for a gen	•
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was リリ gallons.	archased 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 ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	EY ON ON/A
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	v.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber maprior to September 22, 1993	Ü
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
I. Equipped all machines with the appropriate vent controls?	חם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	רם אם אום אום .
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	оу ом
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	CIY ON

B.	Has the responsible official of an existing large or new large area source also:		· · · ·	
t.	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	ΠN	
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?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•		
	if machines are equipped with a carbon adsorber?	ΠY	ИD	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	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?	QY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N.	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ŪN	`□N/A

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

P	PART VI: LEAK DETECTION AND REPAIRS	
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak dete	ction and repair
	inspection?	OY ON
2.	. Has the facility maintained a leak log?	DY DN
3.	. Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves Y \(\text{QN} \) \(\text{QN} \) \(\text{Muck cookers} \)	EN CIN CIN/A
	Door gaskets and scating DY DN DN/A Stills	ON ON ON/A
	Filter gaskets and seating	DY ON ON/A
	Pumps Diverter valves	ETY ON ON/A
	Solvent tanks and containers	usings TY ON ON/A
	Water separators □Y □N □N/A	
4.	. Which method of detection is used by the responsible official?	. ,
	Visual examination (condensed solvent on exterior surfaces)	
	Physical detection (airflow felt through gaskets)	a .
	Odor (noticeable perc odor)	Ø
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	· a
	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	©N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 p	pm? OY ON
	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?	□Y □N
	d. Kept in a clean and secure area when not in use?	DY DN
	e. Verified for accuracy by use of duplicate samples (calorimetric only))?

Ilka Bundy	J-8-CD
Inspector's Name (Please Print)	Date of Inspection
Mka Bund	2-8-01
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#:	0950291

Add Re

Revised 01/18/00

ARAS 2-10-C

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				······································
FACILITY NAME: CONWAY	leaners_		DA	TE: 2-1-00
FACILITY LOCATION: 4450	Curry Ford	Rd.		
	lo, FL 3281		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	10,10 3231			
Annual Reporting Period: Feb.	1,1999	то	Feb. 8	20 00
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code (•	1	DEP Rule
If NO, complete the following:		• .		
#1. Term or condition of the general perm	it that has not been in contin	nuous compliance dur	ing the reporting po	eriod stated above:
Exact period of non-compliance: from		to		<u> </u>
Action(s) taken to achieve compliance:	: 			
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
#2. Term or condition of the general perm	it that has not been in contin	nuous compliance du	ing the reporting p	eriod 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 in this notification are true, accurate and a purchase receipts, does not exceed 2,100 g combination facilities. RESPONSIBLE OFFICIAL:	complete. Further, my annu	al consumption of pe ry facilities or 1,800	rchloroethylene sol gallons per year for	vent, based upon
N	Ame (Please Print)	Si	gnature	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 [V] COMPL	AINI/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 1405	AIRS ID#: 0950291
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: CONWAY Cleaners	DATE: 2-8-00
FACILITY LOCATION: 4450 Curry Ford Rd.	
Orlando FL 32812	
RESPONSIBLE OFFICIAL: Jorge Saldana	PHONE NUMBER: 407-275-0397
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
i	
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector.
DATE OF NEXT INSPECTION: 2 - 8 - C	oximate)
INSPECTION CONDUCTED BY: Ika Bu	undy
INSPECTOR'S SIGNATURE: Alla Burd	ee Print)PHONE NUMBER:836-/400
Page / c	of /. Revised 10/90



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300358

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#0950291

SALDANA AGURTO INC JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

		MAIL REC	EIPT Coverage Provided)
0	Article Sent To:		
7097	221066	,3050 (0	(CD)
2	Postage	\$	
- C	Certified Fee		Postmark
1200	Return Receipt Fee (Endorsement Required)		Here
ŀ	Restricted Delivery Fee (Endorsement Required)		
0600	Total Postage & Fees	\$	
	Name (Please Print Clear)	y) (to be completed by mail	ler)
	Street, Apt. No., or PO Bo	DYNO.	<u></u>
7000	tt 09 C City, State, ZIP+4	5029100	1 AG
	PS Form 3800, July 1999		See Reverse for Instructions

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354365

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

TOTAL AMOUNT DUE: \$50R0E CEIVED

Do NOT Remove Label

AIRS ID # 0950291

CONWAY CLEANERS JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812 DEC 2 1 1998

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389222

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0950291

CONWAY CLEANERS JORGE SALDANA 4450 CURRY FORD ROAD ORLANDO FL 32812

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399888

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 PAY. 12-12-00 plack # 293 70 [] Do NOT Remove Label AIRS ID # 09502919 Air-Monitoring ile Sources CONWAY CLEANERS FOR GOVERNMENT USE ONLY JORGE SALDANA Org.: 37550101000 EO: A1 4450 CURRY FORD ROAD Fund: 20-2-035001 ORLANDO FL 32812 Obj.: 002273 M

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Deliver Selfa J Selfa J Selfa J Selfa S
Article Addressed to:	☐ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0950291001AG JORGE SALDANA CONWAY CLEANERS	
4450 CURRY FORD ROAD	3. Service Type
ORLANDO FL 32812	Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service Jabel) 7000	0600002128279091
PS Form 3811, July 1999 Domestic R	leturn Receipt 102595-99-M-1789

Z 510 PP3 020 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0950291001AG JORGE SALDANA CONWAY CLEANERS 4450 CURRY FORD ROAD ORLANDO FL 32812 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date