

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 16, 1996

Mr. Jeong J. Cha Orchid Cleaners 111 South Orlando Avenue Maitland, Florida 32751

Dear Cha:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Jeong J. Cha/Orchid Cleaners Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
`	Orchid Clanners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: (1/4 C
	Street Address: /// 5. 6 / (and o Ave. City: Maifland County: Oyange Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use): 0950293
	Responsible Official
6.	Name and Title of Responsible Official:
	Jeong J. Cha, owner
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: The Same
	City: Zip Code:
0	Degrapoible Official Telephone Number
8.	Responsible Official Telephone Number: Telephone: (407) 644-02(0 Fax: () - MA
	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: () -

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AUG 2 2 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit				<u>.</u>					
(1) w/ ref. condenser	7	08-0ec-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser								1	
(5) w/ carbon adsorber			_						
(6) w/ no controls			-						
Dryer Unit	1403			ysii.	i piana pad			inan yan	
(7) w/ ref. condenser	-								
(8) w/ carbon adsorber									
(9) w/ no controls			_						
Reclaimer Unit	4. C	San Katan			of the state	heapenint	1965		iyaridi
(10) w/ ref. condenser		1							
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re quanti gallo	equired to be ity of perchloons owns	installed [X perc)	purchased in				`
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found hall area sour ge area sourc	ce [3) of]	Part II?	
. 3			- 1-		J	L	,		

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

DEP Form No. 62-213.900(2)

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
لک	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	July 19/96

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHÉCKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	Nobile Sources of the
AIRS ID#: <u>0956293</u> FACILITY NAME: <u>CV</u>		TIME IN: 10100 TIME OUT:	1030
		10 lue unit #9	
	Martland	F1. 32751	
RESPONSIBLE OFFICIAL :	Jeong ot.	Cha PHONE: 407 Could	0 ८१०
CONTACT NAME:		PHONE:	a and the residence of the same of the sam
MINISTER CONTRACTOR OF CONTRAC			
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		
2. Facility failed to notify DAR	M to use general permit		u
Principal and a second control of the second		-	
PART II: CLASSIFICATION	٧		
Facility indicated on notificat (check appropriate box)		☐ No notification form ☐ Drop store/out of business/p	petroleum
Facility indicated on notificat	ree 2. dry tra bot		petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rec	Drop store/out of business/p New small area source -to-dry only, x < 140 gal/yr usfer only, x < 200 gal/yr li types, x < 140 gal/yr	petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800	ion form that it is: rece 2. /yr dry tra bot (co rece 4. ,100 gal/yr dry 00 gal/yr tra gal/yr bo (co	New small area source -to-dry only, $x < 140$ gal/yr insfer only, $x < 200$ gal/yr th types, $x < 140$ gal/yr instructed on or after 12/9/91) New large area source y -to-dry only, y 140 y y y 186 gal/yr insfer only, y 100 y y y 180 gal/yr th types, y 140 y y y 180 gal/yr instructed on or after 12/9/91)	petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility	ion form that it is: rec	New small area source t-to-dry only, $x < 140$ gal/yr insfer only, $x < 200$ gal/yr In types, $x < 140$ gal/yr instructed on or after $12/9/91$) New large area source t-to-dry only, $140 \le x \le 2,100$ gal/yr insfer only, $200 \le x \le 1,800$ gal/yr th types, $140 \le x \le 1,800$ gal/yr instructed on or after $12/9/91$) Y Can not determine	petroleum

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? מאום אם לים 2. Examining the containers for leakage? AND ND 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at מארון ארון און least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? UY UN UN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY UN UN/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?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DW
2. Maintained rolling monthly total of perc consumption?	DA RW
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	איט איט איט איט
 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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	בוא בוא פועיש
5. Maintained exhaust duct monitoring data on perc concentrations?	ם א ם א פאיע
6. Maintained startup/shutdown/malfunction plan?	EAY CIN
7. Maintained deviation reports?	OY ON DINA
Problem corrected?	סא סא מאיע
8. Maintained compliance plan, if applicable?	OY ON WWA

PA	ART VI: LEAK DETECTION AND F	REPAIRS	- Committee of the Comm				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY CIN			
2.	Has the facility maintained a leak log?			OY EN			
3.	Does the responsible official check the	following areas for leak:	s?				
	Hose connections, fittings, couplings, and valves	מא כוא כוא/א	Muck cookers	מארם אם לא			
	Door gaskets and scating	אוט אט אט אען	Stills	אומט מט צט			
	Filter gaskets and scating	CY, ON ON/A	Exhaust dampers	DA CIN CIN/V			
	Pumps	מאס אט אט	Diverter valves	עאט אט אט אס			
	Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	DY ON ON/A			
	Water separators	מא מא מאיע					
4.	Which method of detection is used by the	he responsible official?					
	Visual examination (condensed se	olvent on exterior surfac	ces)	Q			
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equ	ipment:	ENIA			
	a. Capable of detecting	pere vapor concentrațion	ns in a range of 0-500 ppm?	מצ מא			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	l after each use	OY ON			
	c. Inspected for leaks as	id obvious signs of wear	on a weekly basis?	UY UN			
	d. Kept in a clean and s	ecure area when not in	use?	OY ON			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	UY UN			
_		<u> </u>					
-	And the second s						
		,	1				
_	TODO Het	chev		2/98			
	Inspector's Name (Please Pri	int)	Date of Insp	ection			
	tall Slot	lc	7 \ z	2/98			
	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258019

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 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950293

ORCHID CLEANERS JEONG J CHA 111 S ORLANDO AVE MAITLAND FL 32751 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10 45 TIME OUT: TYPE OF FACILITY: Dry-	AIRS ID#: 0950 893
TYPE OF FACILITY:Dry	-Cleaning
FACILITY NAME: Orchid Clea	DATE:
FACILITY LOCATION: 11 5. OV C. 14 d	Ave unit #9
- Waitland I	
RESPONSIBLE OFFICIAL: Jeong Cha	MIONE NUMBER: 674-0510
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	duated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	duated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO necespts on site	work
No running Lotal of Perc consumption	(1)
COMMENTS:	
The Annual Compliance Certification form has been properly c	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: Too	dd Fletcher (Plegse Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 836-9524

Page___of___.

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS:

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	SPECTION C	HECKUIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>u</u>	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: <u>0950293</u>			n: <u>10 45</u> timi	€ OUT:
FACILITY LOCATION:	111 5 0	ovlando	Lue unit	±9
	Martlan			
PART I: NOTIFICATION				
(check appropriate box)			** ***********************************	
Existing facility notified D.	ARM by 9/1/96			72
2. New facility notified DARI		up		ū
3. Facility failed to notify DA	RM to use general peri	nit		
PART II: CLASSIFICATIO	ON			
Facility indicated on notificated (check appropriate box)	ntion form that it is:	The second of the second secon	The second secon	district and analysis of the second
A. 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	l/yr r	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	
3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 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>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	, 100 gal/yr 00 gal/yr gal/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<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 clas	sification	□У □И		
If no, please check the appro	opriate classification:			
	alified for a general per ceeds above limits and i			
B. The total quantity of per-	chloroethylene (perc) p ons.	urchased within	the preceding 12 mont	hs by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tigh(ly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY UN DKIA 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 prior to September 22, 1993 installed 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) UY UN 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN 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:	
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?	םץ טא
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?	DY DN
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 ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	חם אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	
Has the responsible official: (check appropriate boxes)	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY GM
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
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Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON OY ON OY ON OY ON
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2.	Which method of detection is used by the	ic respons	sible offici:	al?	/
	Visual examination (condensed so	olvent on o	exterior su	rfaces)	d
	Physical detection (airflow felt the	rough gasl	kcts)	•	3
	Odor (noticeable perc odor)				4
	Use of direct-reading instrumenta	tion (FID)	/PID/calor	imetric tubes)	Ü
	If using direct-reading instrume	entation, i	is the equi	ipment:	
	a. Capable of detecting p	pere vapoi	r concentra	ations in a range of 0-500 ppm?	UY UN
	b. Calibrated against a s (PID/FID only)?	standard g	as prior to	and after each use	אט צט
	c. Inspected for leaks an	nd obvious	signs of v	vear on a weekly basis?	UY UN
	d. Kept in a clean and s	ccure area	when not	in use?	OY ON
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	DY KIN
3.	Has the facility maintained a leak log?				ON ON
4.	Does the responsible official check the	following	areas for	lcaks?	
	Hose connections, fittings, couplings, and valves	QY	ИΠ	Muck cookers	ØY ON
	Door gaskets and scating	ŒΥ	ПN	Stills	מט טא
	Filter gaskets and scating	ΣΙΥ	ПN	Exhaust dampers	מא כוא
	Pumps	ראט	ПИ	Diverter valves	DY DN
	Solvent tanks and containers	ĽΥ	ПN	Cartridge filter housings	CAY CIN
	Water separators	ΠY	ПN		
·=	Name of Responsible Office Todd Fletcher	ial		,) 27]97
-	Inspector's Name (Please Pr	rint)		Date of Insp	198
	Inspector's Signature			Approximate Date o	r Mext Hispection

Inspector's Signature

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources AIRS ID#0950293 JEONG J CHA JEONG J CHA 111 S ORLANDO AVE MAITLAND FL 32751 Do NOT Remove Label 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 \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. XYES 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: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Name (Please Print)

Name (Please Print)

Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10 TYPE OF FACILITY: DVV Cleaner	30 AIRS ID#: 0956293
FACILITY NAME: Ovchid Cleans FACILITY LOCATION: Maitland Fl 111 S. Ovlando A	Λ
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 32751
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ Based on the results of the compliance requirements evalue discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	rative Code (F.A.C.).
Not all receipts on site	SIX month veinspectio
No leak detection	11
No corrective Action	11
No running Peter Log.)(
	was a second and a second a second and a second a second and a second
	And the second of the second o
COMMENTS: Will between in SIV m 15 the second time for insp non compliance.	^
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: (A) INSPECTION CONDUCTED BY:	- 10-46
	Please Print) PHONE NUMBER: 836-9524

Page of

Revised 10/96

0950293

P.15 4. Should not

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Jeong J. cha/ Orchid cleaners
2.	Site Name (For example, plant name or number):
	Orchid Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: /// S. Grando AVR.
	Street Address: /// 5. 6r(ando Ave. City: Maifland County: Orange Zip Code: 3 2 7 57 Facility Identification: Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	0950293
; NE.PY	
	Responsible Official
6.	Name and Title of Responsible Official:
	Jeong J. Cha, owner
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: City: County: Count
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407) 644-02:10 Fax: () - MA
	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: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 2 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

To CNA III	ı,	Date Machine Initially	Date Control Device	,,,	Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device
Type of Machine Example	# <i>1</i>	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	#3	Purchased 02-MAR-92	Installed 02-MAR-9
								·	
Dry-to-Dry Unit									
(1) w/ ref. condenser		08-0ec-91	1		`				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								- :	*
(7) w/ ref. condenser									
(8) w/ carbon adsorber						_			
(9) w/ no controls									
Reclaimer Unit					en e			<u> </u>	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are re quant galle	equired to be ity of perchloons	installed [_ proethylene (] months	X perc)	_] purchased in				· .
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	et one classifi urce [X]	cation only.) Ne	w sm	nitions found nall area sour rge area sour	ce []	3) of	Part II?	
0 0					_		•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on mach (Indicate with an "X".)	nines pursuant to section (5) of Part II	of this notification form?
Existing large area source	-ZX-GIGHP GMARS	anda Gource
Carbon adsorber []	Refrigerated condenser [X	JO
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emiss to Rule 62-213.300, F.A.C. Verify that all stea exemption criteria or that no such units exist on	m and hot water generating units on-s	
All steam and hot water generating units on-sit boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no	by natural gas except for periods of	natural gas curtailment
All steam and hot water generating units exemp No such units on-site	ot [X]	
		•
Equipment Monitor	ing and Recordkeeping Informatio	n
Check all logs which are required to be kept on	-site in accordance with the requirem	ents of this general permit:
(a) Purchase receipts and solvent purchases	[<u>X</u>	\Box
(b) Leak detection inspection and repair	<u>ر</u> ے ·	\Box
(c) Refrigerated condenser temperature monitor	ring [
(d) Carbon adsorber exhaust perc concentration	monitoring [·
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan	LX	\hookrightarrow

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
L	No air permits currently exist for the operation of the facility indicated in this notification form.
,	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to 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.
Signature	7/19/96 Date
	June 1-27-97

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	[] [SZ	COMPLAINT/DISCO	JVERY	
AIRS 10#: <u>0950293</u> da	TE: 7/8/9	Z TIME II	n: <u>//3</u> 0 tim	E OUT:	200
FACILITY NAME: <u>OR</u>	CHID C	LEANI	ERS.		·
FACILITY LOCATION:	111-5.0	RIANZ	o AUE.	UNIT	#9
	MAITL	AND F	- 32751		
RESPONSIBLE OFFICIAL : _	JEONG I	CHA	PHONE: 407-	644-	0210
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION			P		
(check appropriate box)				\sim	
1. New facility notified DARM 30	days prior to starti	up	Burg 11	14	ט
2. Facility failed to notify DARM	to use general pern		\$ De la company of the company of th	1	0
			Oli Vi	14 1	
PART II: CLASSIFICATION			Solution	<i>o</i> <)
Facility indicated on notification	form that it is:		□ No notification to	rm	roleum
	form that it is:		☐ No notification to Drop store/out of	rm business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	. 🗹	2. New small :	☐ Drop store/out of a	rm susiness/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	. 🗹		☐ Drop storc/out of a area source , x < 140 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr		dry-to-dry only transfer only, x both types, x <	□ Drop store/out of a area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	business/pet	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of a area source , x < 140 gal/yr < 200 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	: Y	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large:	□ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr t or after 12/9/91) area source	Susiness/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,16	e U	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr t or after 12/9/91) area source , $140 \le x \le 2,100$ gal/y	Susiness/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	e 🗀 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only transfer only, 2	□ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr t or after 12/9/91) area source	Susiness/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	e 🗀 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr	Susiness/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	e 🗀 00 gal/yr gal/yr ll/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of a area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source 1, 140 \leq x \leq 2,100 gal/yr \leq 00 \leq x \leq 1,800 gal/yr \leq x \leq 1,800 gal/yr	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91)	00 gal/yr gal/yr ll/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or large on types).	Drop store/out of area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr to or after $12/9/91$) area source $140 \le x \le 2,100$ gal/yr $100 \le x \le 1,800$ gal/yr or after $12/9/91$)	business/pet	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the property of the pro	200 gal/yr gal/yr gal/yr ssification ppropriate classification	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or IN)	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr a or after 12/9/91) Can not determine	business/pet	roleum

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? DY ON ONA EN UN UNIA 2. Examining the containers for leakage? ZY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY UN UNA least 24 hours prior to disposal? Maintaining solvent-to-earbon ratios and steam pressure for earbon adsorber LIY LIN MIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? CIY CIN CIN/A 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 condenser on a weekly/bi-weekly basis? UY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: מאמ אם אם 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 ON ON/A and parts installed w/in 5 days of receipt? DY DN 1021/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DWA 5. Maintained exhaust duct monitoring data on perc concentrations? DAY UN 6. Maintained startup/shutdown/malfunction plan? CIY ON DIN/A 7. Maintained deviation reports? DY DN DW/A Problem corrected? DY ON CON/A 8. Maintained compliance plan, if applicable?

PA	RT VI: LEAK DETECTION AND R	REPAIRS		
1.	Does the responsible official conduct a	weckly (for small sources,	, bi-weekly) leak detection an	d repair
	inspection?			ON
2.	Has the facility maintained a leak log?			CAN CIN
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	ON ON ON/A	Muck cookers	מ/אנט אנט אינט
	Door gaskets and scating	ON CIN CIN/A	Stills	CAN CIN CIN/A
	Filter gaskets and scating	DN DN/A	Exhaust dampers	MY ON ON/A
	Pumps	ON ON ON/A	Diverter valves	ENY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם אנס
	Water separators	DAY CIN CIN'Y		
4.	Which method of detection is used by t	he responsible official?		_
	Visual examination (condensed se	olvent on exterior surface	s)	M
	Physical detection (airflow felt th	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	ition (FID/PID/calorimetr	ic tubes)	CI
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	ment:	(3HV/A
	a. Capable of detecting	pere vapor concentrations	s in a range of 0-500 ppm?	בוא בוא
	b. Calibrated against a selection (PID/FID only)?	standard gas prior to and	after each use	מט עט
	 c. Inspected for leaks ar 	nd obvious signs of wear o	on a weekly basis?	UY UN
	d. Kept in a clean and s	secure area when not in us	se?	טע טא
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	CIY CIN

ASSEFA HAILEMAKIAM	7/8/1998
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	2/8/1998
Inspector's Signature	Approximate Date of Next Inspection

•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPL	AINT/DISCOVERY	RE-INSPECTION 📝
TIME IN: 1130	TIME OUT:	1200	AIRS ID#:	0950293
TYPE OF FACILITY:				
FACILITY NAME:	RCHID CI	EANPE	SLS	DATE: 7/8/98
FACILITY LOCATION:	111.5. ORL	MIDU	AVR. UNI	+ #9
	MAITCARED	FL.	32751	
RESPONSIBLE OFFICIAL:	JEONIY J.	CHA	PHONE NUMBE	CR: 407-644-021
Based on the results of		ents evaluated	during this inspection, the	
Based on the results of discrepancies were not	• •	ents evaluated	during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
				Tr.
				Sureau of the Monitoring Cources, Monitoring
				TO THE PARTY OF TH
				E SOURCE TO SOURCE TON SOURCE TO SOURCE TO SOURCE TO SOURCE TO SOURCE TO SOURCE TO SOU
	,			<u> </u>
· •				
COMMENTS:	CILITY /	in Co	Smpllauce	• •
The Annual Compliance Certif	ication form has been prop		· ·	
DATE OF NEXT INSPECTI			8/98 oximate)	
INSPECTION CONDUCTED) BY: <u>ASSE</u>	(Pleas	OT LEMARI se Print)	AN
INSPECTOR'S SIGNATURE	e: rosek	Heilea	UC ESPHONE NUMBI	ER: 836-9323
	/)	Page / c		Revised 10

BEST AVAILABLE COPY

	YLENE DRY CLEANERS				
	GENERAL PERMIT				
COMPLIANCE I	NSPECTION CHECKLIST				
Who on Monton	CENERAL PERMIT NSPECTION CHECKLIST INTRO 198 PRINT OF THE SOURCE SOURC				
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY 100				
_RE-INSPECTIO	N V8				
-	11/20 HE SOUNDING				
	5 7h				
AIRS ID#: 0956293 DATE: 1/28/	98 TIME IN: 10:00 TIME OUT: 10:30				
FACILITY NAME: <u>Cyclid Clea</u>	iners				
FACILITY LOCATION: 111. S. Ovi	and Ave unit # 9				
Mailand	Fl 37751				
RESPONSIBLE OFFICIAL: Jeong	J. Cha PHONE: 407 644 0 210				
	PHONE:				
	P				
PART I: NOTIFICATION					
(check appropriate box)					
(check appropriate box)					
1. New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit					
	16 to 0				
PART II: CLASSIFICATION	Out only				
L					
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, $x < 200 \text{ gal/yr}$				
both types, x < 140 gal/yr	both types, $x < 140$ gal/yr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
,	· ·				
3. Existing large area source	4. New 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 before 12/9/91) (constructed on or after 12/9/91)					
	MY UN UCan not determine				
5. This is a correct facility classification	☑Y □N □Can not determine				

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was __15__ gallons.

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

If no, please check the appropriate classification:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMP LIANÇE INST	ECHONG	HECKING		
TYPE OF INSPECTION:	ANNUAL	. d	COMPLAINT/DISC	COVERY	
	RE-INSPECTION	<u> </u>	·		
AIRS 10#: 0950293 1	' - / '		N: 1010 TI	ме оит: <u>/</u>	025
FACILITY NAME: OFC	•		<u> </u>	_	·
FACILITY LOCATION:	11 S. Orlan	do Av	le. Unit #	+ 9	
<u> </u>	Naitland, Fl	L 327	151		
RESPONSIBLE OFFICIAL :	Jeong J. Ch	1a	_PHONE: <u>407-</u>	644-02	210
CONTACT NAME:					
			<u> </u>		
PART I: NOTIFICATION	* 1 :	· ••••••••••••••••••••••••••••••••••••			<u></u>]
	<u> </u>				
(check appropriate box)					
1. New facility notified DARM	1. New facility notified DARM 30 days prior to startup				
2. Facility failed to notify DAR	2. Facility failed to notify DARM to use general permit				
L _{m.}					
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:		☐ No notification		
(check appropriate box)			☐ Drop store/out of	of business/pe	trolenn
A. 1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry tra bot	insfer only, x th types, x <	y, x < 140 gal/yr x < 200 gal/yr		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr drj 00 gal/yr tra gal/yr bo	ansfer only, 2 oth types, 140	area source y , $140 \le x \le 2,100$ gal $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr 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?	מאם אם עם				
2. Examining the containers for leakage?	GY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	DAY □N				
4. Draining cartridge filters in their housing or in scaled 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?	חאים אום אם				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .				
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). <i>Carbon adsorber must have been installed prior to September 22, 1993</i>					
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A				
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?	OY 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?	חם אם				

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DENÝ CIN ·
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;	ODY 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?	ØY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OMA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANIA
6. Maintained startup/shutdown/malfunction plan?	
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN DWA

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					d repair
	inspection?	100		•	ON ON
2.	Has the facility maintained a leak log?				DY ON
3.	Does the responsible official check the	following a	reas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON	□N/A	Muck cookers	MY ON ON/A
	Door gaskets and scating	DY ON	□N/A	Stills	DY ON ON/A
	Filter gaskets and seating	MA ON	□N/A	Exhaust dampers	COY ON ON/A
	Pumps	QY ON	□N/A	Diverter valves	DAY ON ON/A
	Solvent tanks and containers	ÜGA □N	□N/A	Cartridge filter housings	CY ON ON/A
	Water separators	אם אמ	□N/A		
4.	Which method of detection is used by t	the responsi	ble official?		
	Visual examination (condensed s	olvent on ex	xterior surfaces)		d
	Physical detection (airflow felt th	irough gask	cts)		
	Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector				Ci .	
If using direct-reading instrumentation, is the equipment:				CEN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to and af	ler each use	OY ON
	c. Inspected for leaks a	nd obvions :	signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
	: 	1.	•		
		v .		. کال	
_	Ilka Bundy			_12/5/99	
Inspector's Name (Please Print) Date of Inspe				ection	
	Ilha Bunch			1/5/200	00
	Inspector's Signature	. 1		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAIN 1/DISCOVERY RE-INSPECTION
TIME IN: 1010 TIME OUT: 1025	AIRS ID#: 0950293
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Orchid Cleaners	DATE: 1/5/99
FACILITY LOCATION: 111 S. Orlando Ave.	Unit # 9
Maitland, FL 3275	
RESPONSIBLE OFFICIAL: Jeong J. Cha	PHONE NUMBER: 407-644-0210
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
. '	
	·
COMMENTS:	
Facility in Complian	ce,
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1/5/2	000 proximate)
	proximate)
INSPECTION CONDUCTED BY: TIKA K	und/
	PHONE NUMBER: 836 - 9524
Page	of \ Revised 10/96

Orange County Environmental Protection Department

AIRS ID#: 0950293

All

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Orchid Cleane	rs*	<u> </u>	DATE: _//- 15	-99
FACILITY LOCATION: 111 S. Orlando			Date. II	-//-
Maitland , F	L 32751			
Annual Reporting Period: 1/28/98 or 7/8	19 98	TO	1/5 1	9 97
Based on each term or condition of the Title V general air 52-213.300, Florida Administrative Code (F.A.C.), during			<u></u>	
If NO, complete the following:				
#1. Term or condition of the general permit that has not be	een in continuous cor	mpliance during the	reporting period stated abo	ove:
Exact period of non-compliance: from		to Mob	E C	
Action(s) taken to achieve compliance:		Air S	~ □	
Method used to demonstrate compliance:		w of Air Monito	1999	
#2. Term or condition of the general permit that has not be	een in continuous cor	, rin		o ve :
Exact period of non-compliance: from	· .	to	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			·	
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete. upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	Further, my annual o	consumption of perc	hloroethylene solvent, bas	sed
RESPONSIBLE OFFICIAL: Jeong T. O. Name (Please Prin	cha	Signature	11-15- Date	-99
		· // . ·		

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

Page ____of____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	N	G 6	COMPLAINT/DISC	COVERY	.
AIRS 10#: 0950293 DA	TE: 7/8/9	18 ·	TIME I	n: <u>//30</u> tin	ME OUT: _	1200
FACILITY NAME: OR	CHID (CLE,	ARIL	ER5		
FACILITY LOCATION:	111-5.	ORL.	ANZ	O AUE.	UNIT	#9
	MAITL	AND	F	4 32751		
RESPONSIBLE OFFICIAL :						0210
CONTACT NAME:	,			PHONE:		
Down and the state of the state						
PART 1: NOTIFICATION			77.7.4.4.10.2			
(check appropriate box)						
1. New facility notified DARM 30	days prior to star	rtup				C)
2. Facility failed to notify DARM	to use general per	rmit				a
PART II: CLASSIFICATION					·	
Facility indicated on notification (check appropriate box)	form that it is:			☐ No notification f ☐ Drop store/out o		etroleum
A.	/				1 0000	
I. Existing small area source	M			area source		
dry-to-dry only, x < 140 gal/yr		-		x < 140 gal/yr		
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr			-	< 200 gal/yr 140 gal/yr		
(constructed before 12/9/91)			•	or after 12/9/91)		
3. Existing large area source	ū	4. Nev	v large a	irea source		
dry-to-dry only, $140 \le x \le 2,10$		dry-to-	dry only	$140 \le x \le 2,100 \text{ gal}$		
transfer only, $200 \le x \le 1,800$ g				$00 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal (constructed before 12/9/91)	/yr			\leq x \leq 1,800 gal/yr i or after 12/9/91)		
5. This is a correct facility class	sification	DZY	ПИ	□Can not determi	ne	
If no please check the ap	propriate classific	cation:				

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 2 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? אאם אם אב 2. Examining the containers for leakage? ZY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber LIY LIN LINIA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY ON 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 OY ON ONA 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 CIY ON ON/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after DY UN 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:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CJY	ПN	CIN/À
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	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?	ΟY	ПN	□N/A
	Is the pere concentration equal to or less than 100 ppm?	ÜΥ	UN	אאם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ωy	ŪΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШΥ	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ШN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY CON
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;	UN 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 CIN CIN/A
4. Maintained calibration data? for applicable direct reading instruments)	ON DANIVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN CHAIA
6. Maintained startup/sbutdown/malfunction plan?	CHY CIN
7. Maintained deviation reports?	CIY CIN COM/A
Problem corrected?	אואלט אם צם
8. Maintained compliance plan, if applicable?	טא טא מאן א

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DN DN			
2.	Has the facility maintained a leak log?			DIN DIN			
3.	Does the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ON ON/A			
	Door gaskets and scating	עארם אם אלו	Stills	THY ON ON/A			
	Filter gaskets and scating	DA ON ONIV	Exhaust dampers	DY ON ON/A			
	Pumps	ON ON ONIA.	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	DN ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DAY DIN DINIA					
4.	Which method of detection is used by	the responsible official?		_			
	Visual examination (condensed s	solvent on exterior surfaces)		1			
	Physical detection (airflow felt the	rough gaskets)		a			
	Odor (noticeable perc odor)			a			
	Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)				
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equipm	nent:	ŮM/∧			
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	. מט עם			
 	c. Inspected for leaks a	nd obvious signs of wear or	a weekly basis?	מט עם			
	d. Kept in a clean and	secure area when not in use	?	UY UN			
	e. Verified for accuracy	y by use of duplicate sample	es (calorimetric only)?	CY CN			

ASSEFA HAILEMAKIAM	7/8/1998
Inspector's Name (Please Print)	Date of Inspection
met Aprilema egas	2/8/199 8
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	.]

Title V AIR QUALITY GENERAL LERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLA	AINT/DISCOVERY	RE-INSPECTION []
TIME IN: 1/3 U	TIME OUT:	1200	AIRS ID#:	2750273
YPE OF FACILITY:	DEVICLEMAR	LX E		
ACILITY NAME:	REMID 1	بيتايطورا عراهي ليحراطن تمم		date: <u>7/8/9/</u>
ACILITY LOCATION:	111-5. OKL	and the state of t	Aug. Unit	# 7
	MAITCAMO			
RESPONSIBLE OFFICIAL:				: 407-644-6210
- 1-1	the compliance requirem Rule 62-213.300, Florida		during this inspection, the factories (F.A.C.).	cility is found to be in
Based on the results of discrepancies were not		énts evaluated	during this inspection, the fo	flowing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP ACT	ION REQUIRED
		,		
•		*	•	,
			,	
	,			
•				
				•
				•
•			•	
MMENTS:	CIZITY ,	1116	ym Phance	

10 10 15			1 1 2 2 1	1150 NOTT A
	•		and submitted to the inspecto	المكتبا للنا
E OF NEXT INSPECTION	/II•	(Appro	ximate)	
ECTION CONDUCTED			Print)	
ECTOR'S SIGNATURE				:: <u>236-23</u> 23
		Page of	1:	Revised 10/9

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	L	СОМ	PLAINT/DISC	OVĘRY	۵	` <i>y</i> "
RE-INSP	ECTION	۵	JAN areau of & Mo			
AIRS ID#: 0950293 DATE: \-		TIME IN:	125 TIM		1440	
FACILITY NAME: Orchid C	leaners		Monitdr burces			
FACILITY LOCATION: 111 Sout		indo Av	==:		<u> </u>	
Maitlai	(8")	32751	· ·	. ,		
responsible official: Jeong	g J. Cha	PHON	NE: 407-	644 -0	210_	
CONTACT NAME:		PHON	Æ:	.		
						1
PART I: NOTIFICATION						
(check appropriate box)						
New facility notified DARM 30 days prior	to startup				<u> </u>	
2. Facility failed to notify DARM to use geno	eral permit					
PART II: CLASSIFICATION						
Facility indicated on notification form that (check appropriate box)	it is:		notification for		roleum	
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)	dry-to-da transfer o both type	small area soury only, x < 140 only, x < 200 gal/yes, x < 140 gal/yeted on or after) gal/yr al/yr yr	(1) Ju	ne 1999 Hy	-Got new machine
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 $12/9/91$)	dry-to-di transfer o both type	large area sour ry only, $140 \le x$ only, $200 \le x \le$ es, $140 \le x \le 1$, cted on or after	x ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr		•	
5. This is a correct facility classification	ΩY	ON Can	not determine			
If no, please effeck the appropriate clearly facility qualified for a facility exceeds about	or a general perm		above		· .	
B. The total quantity of perchloroethylene (per facility was 135 gallons.	erc) purchased w	rithin the preced	ling 12 months	by this dry o	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? ON ON/A 2. Examining the containers for leakage? MY ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY □N □N/A Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N ÚN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY ON
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;	ØY 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?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN EZNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY ON DIN/A
Problem corrected?	אום אם צם AN/A
8. Maintained compliance plan, if applicable?	DY DN ØN/A

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

Ilka Bundy	01-20-00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	01-20-01
Inspector's Signature	Approximate Date of Next Inspection

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

□Y □N

_	
ADDITIONAL SITE	TATECOURAGE ATTORIA
AUDITUMAL SITE	. BITTERNIA I RESIT

Orange County Environmental Protection Department

AIRS 1D#: 0950293

Hac

Revised 10/10/96

ARMS 00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Orchid Cleaners	DATE: 1-20-00
FACILITY LOCATION: 111 S. Orland	Ave
Maitland, FL	32751
Annual Reporting Period: JAN. 5	1999 то <u>JAN, 20 4, 20</u> а
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	permit, my facility has remained in compliance with DEP Rule the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not	peen in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not	peen in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
made in this notification are true, accurate and complete.	rmation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based ed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per (h) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹	COME	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1425 TIME OUT:	1440	AIRS ID#:	0950293
TYPE OF FACILITY: Dry Cleaners			
FACILITY NAME: Orchid Cleaners			DATE: <u>01-20-00</u>
FACILITY LOCATION: 111 S. Orlando	o Aue		
Maitland, FL	32751		
RESPONSIBLE OFFICIAL: Jeong J.	Cha	PHONE NUMBE	er: <u>407-644-0210</u>
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Florid			facility is found to be in
Based on the results of the compliance require discrepancies were noted:	ements evaluat	ed during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP AC	TION REQUIRED
			•
	-		
*			
<u> </u>			
· · · · · · · · · · · · · · · · · · ·	no m		
1			
;		. • •	
		•	
·			
COMMENTS:			
Facility in compl	iance.		
The Annual Compliance Certification form has been p			tor. YES NO
DATE OF NEXT INSPECTION:	<u> </u>	0-01	
		oroximate) Indy	
INSPECTION CONDUCTED BY:		ase Print)	
INSPECTOR'S SIGNATURE:			er: 836-1400
	Page (of 1.	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	· 🔯	COMPLAINT/DISC	CÓVERYÓ	
	RE-INSPECTION	٥		Mosile L	20, 6
AIRS ID#: 0950293			N: 0935 TIM	IE OUT: C	150
FACILITY NAME: Orcl					<u></u>
FACILITY LOCATION:					
<u></u>	laitland, FL	327	51		
RESPONSIBLE OFFICIAL:	Jeong J.	Cha	PHONE: 407-	644-07	210
CONTACT NAME:			PHONE:		
2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	The second of th	THE RESIDENCE OF THE PROPERTY	anderen (h.). (significa artisto p. 1 californio de la despeta (significa artista participato de la despeta (significa artista participato de la despeta (significa artista participato de la despeta de la despeta de la despeta (significa artista de la despeta del despeta del despeta de la despeta del del despeta del	Company of the second of the second	No. of the Co. of the Co.
PART I: NOTIFICATION					
(check appropriate box)					_
1. New facility notified DARM					a l
2. Facility failed to notify DAR	M to use general permit	Salaya Addin P. T. Salas . Stratistical spinol fields on E.	The state of the figure and the state of the	and a control of the Market Additional Control of the Control of t	
PART II: CLASSIFICATION	[
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification fo		leum
A. I. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dr tra bo	nnsfer only, x oth types, x <	x < 140 gal/yr < 200 gal/yr	Ø	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	.100 gal/yr dr 0 gal/yr tra gal/yr bo	ansfer only, 20 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
5. This is a correct facility cl	assification	Y QN	□Can not determine	e	
☐ facili		l permit as nu and is not elig	gible for a general peri	nit	eaning

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?	MY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	egy on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON EM/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	The state of the s
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	را –
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?	ØY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	פא מא
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?	ay an

spin disc filters

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?			□n/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?	ΟY	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	⊓N [′]	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	□N/A
		25 or - he handle lands	and the second second	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	QA ON
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;	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?	ØY 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 1911/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON BIN/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	ART VI: LEAK DETECTION AND R	EPA	IRS				
1.	Does the responsible official conduct a v	weekl	y (for	small sources, b	i-weekly) leak detection ar	nd rep	air
	inspection?					ПY	ПN
2.	Has the facility maintained a leak log?					ĭY	ПN
3.	Does the responsible official check the f	ollow	ing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	ØY	. □ N	□N/A	Muck cookers	ØΥ	□N □N/A
	Door gaskets and seating	ØY	N□	□N/A	Stills	ШY	□N □N/A
	Filter gaskets and scating	₽YY	_ □N	□N/A	Exhaust dampers	ΘY	□N □N/A
	Pumps	ĽΥ	ďΝ	□N/A	Diverter valves	<u>a</u> y	□N □N/A
	Solvent tanks and containers	ØY ∕	И <mark>П</mark>	□N/A	Cartridge filter housings	QΥ	□N □N/A
	Water separators	ŒίΥ	ИΩ	□N/A			
4.	Which method of detection is used by th	ie res	ponsib	le official?		/	:
	Visual examination (condensed so	lvent	on ext	erior surfaces)		व	
	Physical detection (airflow feit three	ough	gasket	s)		٥	-
	Odor (noticeable perc odor)					g	
	Use of direct-reading instrumentat	ion (l	FID/PI	D/calorimetric t	rubes)	o,	
	Halogen leak detector					অ	,
	If using direct-reading instru	men	tation,	is the equipme	ent:	ON/	'A
	a. Capable of detecting p	erc v	apor c	oncentrations in	a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a sta (PID/FID only)?	andar	d gas p	prior to and afte	r each use	ΠY	□N
	c. Inspected for leaks and	d obv	ious si	gns of wear on a	a weekly basis?	ΠY	ПN
	d. Kept in a clean and sec	cure a	area w	hen not in use?		ΠY	ПИ
	e. Verified for accuracy l	by us	e of du	plicate samples	(calorimetric only)?	ΠY	□N
						Angelow and the second of the	
	Ilka Bundy				1-26-01		
	Inspector's Name (Please Print	t)			Date of Inspection		·
	Alka Bund			·	1-26-02		
	Inspector's Signature				Approximate Date of	Next l	inspection

ADDITIONAL SITE INFORMATION:



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Orchid Cleaners	DATE:
BACILITY LOCATION: 111 South Orlando Ave.	
11 1 1 1 227-1	
Annual Reporting Period: January 2000 TO Jo	anuary 20.01
Based on each term or condition of the Title V general air permit, my facility has remained in co	1 /
52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES UNO
If NO, complete the following:	
41. 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: fromtoto	
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:	·
As the responsible official, I hereby certify, based on information and belief formed after reason in this notification are true, accurate and complete. Further, my annual consumption of perchl purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallo combination facilities. Tevry Technology RESPONSIBLE OFFICIAL:	oroethylene solvent, based upon
Name (Please Print) Signat	ure 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

THE OF INSPECTION:	ANNUAL [V] COMI	PLAIN I/DISCOVERY	RE-INSPECTION
TIME IN: 0935	TIME OUT: 0950	AIRS ID#: C	950293
TYPE OF FACILITY: Dry	leaner		
FACILITY NAME: Orchid	Cleaners	the state of the s	DATE: 1-26-01
	outh Orlando A	1P	DATE.
	land, FL 3275		
	7 — 01		407-644-0210
RESPONSIBLE OFFICIAL: Je	eong J. Cha	PHONE NUMBER	x: <u>407 - 644 - 0210</u>
lane and	compliance requirements evaluat 62-213.300, Florida Administrat	• ,	cility is found to be in
Based on the results of the discrepancies were noted:	compliance requirements evaluat	ed during this inspection, the fo	llowing compliance
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
· .			
			,
·			
COMMENTS:			
Facility in	n compliance		
The Annual Compliance Certification			or. YES NO
DATE OF NEXT INSPECTION:			
. INSPECTION CONDUCTED BY	: Ilka Bu	proximate)	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:	Mhe Bund 2	ase Print) PHONE NUMBE	R: 407-836-1400
*	- Page /	of /	Revised 10/90



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412037 DEC21 2001

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 # 0950293

ORCHID CLEANERS
JEONG J CHA
145 S ORLANDO AVE STE 9
MAITLAND FL
32751

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Orchid Cleaners, Inc. 145 S. Orlando Ave. #9 Maltland, FL 32751



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

92915+9070 99

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address or the reverse.	A. Received by (Please Print Clearly) B. Date of Delivery
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. 1. Article Addressed to: AIRS ID # 0950293001AG ORCHID CHA. DRCHID CLEANERS DAS ORLANDO AVE STE 9 MAITLAND FL 32751	C. Signature X

52	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Article Sent To:				Z Z L D L L B D B D B D B D B D B D B D B D			
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0021	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	J (O AIRS II EONG J CHA DRCHID CLEANERS 45 S ORLANDO AVE MAITLAND FL 32751	D # 0950293001AG E STE 9		
0090	1 · 3 · Ci	\$ y) (to be completed by mai	ler)		Special Delivery Fee			
7000	Street, Apt. No.; or PO Box No. # 050 29 300 A G City, State, ZIP+4 PS Form 3800, July 1999 See Reverse for Instructions			ril 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered			
				3800, Ap	Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	\$		
				PS Form	,			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301294

· 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

JAN 29 98

Do NOT Remove Label

AIRS ID#0950293

JEONG J CHA JEONG J CHA 111 S ORLANDO AVE MAITLAND FL 32751

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЬј.: 002273



This portion must be attached to remittance for proper handling $4\,0\,0\,1\,1\,6$

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

Do NOT Remove Label

ORCHID CLEANERS JEONG J CHA 145 S ORLANDO AVE STE 9 MAITLAND FL 32751

Remove Label

AIRS ID # 0950293

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Remove Label

FOR GOVERNMENT USE ONL Org.: 37550101000 EO; A1 75 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391302

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0950293

ORCHID CLEANERS JEONG J CHA 145 S ORLANDO AVE STE 9 MAITLAND FL 32751 20 PRODUCE

FOR GOVERNMENT USBONGS. Org.: 37550101000 EO: BI

Fund: 20-2-035001

Obj.: 002273

ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this card to you. Attach this form to the front of the mailpiece, or on the permit. Write 'Return Receipt Requested' on the mailpiece to the second se	back if space does not 1. Addressee's Address with article number. 2. Restricted Delivery
AIRS ID # ORCHID CLEANERS JEONG J CHA 111 S ORLANDO AVE MAITLAND FL 32751	4a. Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)

-	, P	174	0.5	2	096		۰، در (ĺλ
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JEO:	NG J (S ORL	CLEANE CHA ANDO . ID FL 32	AVE	:	AIRS	ID#	09502	93
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form card to you. Attach this form to the front of the mailpiece, or on the bapermit. Write "Return Receipt Requested" on the mailpiece below the Return Receipt will show to whom the article was dedelivered.	following services extra fee): ack if space does not withe article number. Illivered and the date	Iso wish to receive the owing services (for an tra fee): . Addressee's Address . Restricted Delivery insult postmaster for fee.	
	4b. Service Type ☐ Registered ☐ Express Mail	Certified Insured COD	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if and fee is paid)	requested	

,

			. (1
-	. Z 333 6	1.3 449 N	101
OR JE0	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation CCHID CLEANERS ONG J CHA I S ORLANDO AVE AITLAND FL 32751	Provided.	293
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		7
1995	Return Receipt Showing to Whom & Date Delivered	-	7
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361539

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0950293

ORCHID CLEANERS JEONG J CHA 111 S ORLANDO AVE MAITLAND FL 32751

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Ob: 1002022

Obj.: 002273