

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Keith R. Ellington Imperial Dry Cleaners 1228 Holden Avenue Orlando, Florida 32839

Dear Mr. Ellington:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 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 Monitori

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

	!	#0950295
,		
·		Imperial Dry Cleaners
	-	Tripular Dry Charles
	- 11/	1.(a) add date control device
	P.17	La L
		installed
		1.10) mark out "X" and initial
		3. Should be new small area source
	D.15	4. mark out "X" and initial;
	· /	Should be new small area source
		W/ refrin. Con
		W/refrig. Con. 5.(f) required
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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):
	A
	Kett R 4 Constance R Ellington lbs IMPERIAL DRY CLEANERS Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	Facility Location:
4.	Street Address: 1228 Holden Ave
	Street Address: 1220 Holden Ave
	City: ORLANDO, EL County: ORANGE Zip Code: 32839
£	DECIDENTAL CONTROL OF THE CONTROL OF
200000000000000000000000000000000000000	Facility Identification Number (DEP Use):
	0950295
	Responsible Official
	Tesponsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: SAMe
	City: Zip Code:
8.	1
	Telephone: (407) 859 - 407 4 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
_	No. of the Co. of the
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	racinty Contact Address.
	Street Address:
	City: County: Zip Code:
	Zip Code.
Ţ1.	Facility Contact Telephone Number:
- 1.	Telephone: ( ) - Fax: ( ) -
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	N-CLIVED

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

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

### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit				1 x 1		+4			Service of the
(1) w/ ref. condenser	# (	6-APK-95	i						<u> </u>
(2) w/ carbon adsorber	, , , ,								
(3) w/ no controls									
Washer Unit								11 11 11 11	Dela Major
(4) w/ ref. condenser									
(5) w/ carbon adsorber	T			İ					
(6) w/ no controls									
Dryer Unit	. 1, 3	Car dilate		or Tourist		1-44-12	1	(集) (基础	j Hyari Anj
(7) w/ ref. condenser						T			T
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	2.1		ar or a	$\angle$		- Japanie in			<b>\</b>
(10) w/ ref. condenser					<u> </u>	1		1	
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are requants	equired to be ity of perchloons ow many?	installed [_ proethylene (	perc)	purchased i	n the latest 12 :: [] Did			,
(Indicate with an "X".  Existing small ar	Selec	et one classifi	cation only.)	)	nitions foun		3) of	Part II?	
Existing large are	ea soi	urce [ ]	Ne	ew lai	rge area sour	ce [	]		

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

What control technology is required on machines pursuan (Indicate with an "X".)	t to section (5) of Part II of this notification form?					
Existing large area source  Carbon adsorber	erated condenser [X]					
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser []						
•						
5. A facility which contains non-exempt emissions units shat to Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring and Rec	ordkeeping Information					
Check all logs which are required to be kept on-site in accor	dance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair	[_ <b>x</b> ]					
(c) Refrigerated condenser temperature monitoring	<u>_</u> *_					
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

Please indic	ate 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)						
[ <b>X</b> ]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this not stateme maintai	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in 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 pi	romptly notify the Department of any changes to the information contained in this notification.						
Signatu	re <u>512/196</u> Date						



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

David B. Struhs

Secretary

leb Bush Governor

February 5, 2001

Department of

**Environmental Protection** 

Mr. Keith R. Ellington Imperial Dry Cleaners 1228 Holden Avenue Orlando, Florida 32701

Dear Mr. Ellington:

Thank you for your letter informing the Division of Air Resource Management that your facility Imperial Dry Cleaners was sold January 2001. We received your letter on February 2 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Imperial Dry Cleaners (AIRS ID #0950295) was in operation in 2000, the fee is now due.

For your convenience, another invoice along with a self-addressed envelope will be mailed to you this week. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

cc: Ilka Bundy, Orange County

January 30, 2001

Clean Air Permit Titile V Air General Permit P.O. Box 3070 Tallahassee, FL 32513-3070

Re: Airs ID# 0950295

Sirs:

On January 2, 2001, I sold my business, Imperial Dry Cleaners at 1228 Holden Ave., Orlando, FL, to PierreUS, Inc. or Mr. Saul Pierre-Luis.

Sincerely,

Keith R. Ellington

les & Ellys

505 Puerta-Ct.

Altamonte Springs, FL 32701

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RECEIVE RECEIVE Representation of Air Monitoring Bureau of Air Monitoring Representation of Air Monitoring Keith R. Ellington 505 Puerta Ct. Altamonte Springs, FL 32701





Clean Air Permit Title V Air General Permit P.O. Box 3070 Tallahassee, FL 32513-3070

### Bowman, Sandy

#0950295

From:

Sent:

Ilka.Bundy@co.orange.fl.us Monday, February 12, 2001 7:43 AM Butler, Rick

To:

Cc:

Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject:

Dry Cleaners with new R.O.s

Rick,

The following facilities were discovered to have new owners during the annual inspection:

- 0950326 Kim's Coin Laundry & Dry Cleaners (1/12/01)
- 0951197 Adair Custom Cleaners (1/12/01)
- 0950363 Rainbow Cleaners (1/19/01)
- 0950306 Master Cleaners (Now called Tita's Cleaners) (2/9/01)
- 0950295 Imperial Dry Cleaners (1/31/01)

If you need any further information, do not hesitate to contact me. Thanks!

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

### Orange County Environmental Protection Department U

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPL	AINTOISCO	YERY [	RE-INSPECTION	1 🗀
TIME IN: 0915	TIME OUT:			AIRS ID#:C	950295	
TYPE OF FACILITY:		Dry Clear	ning			
FACILITY NAME:	Imperial d	Dry (	leaner	.S	DATE: 1/7/9	7
FACILITY NAME:	1228 Holde	n Au	<u>e</u>			
	Ovlando	FL				
RESPONSIBLE OFFICIAL:	Kerth Constance	Elling	104 m	)NE NUMBER	859-4074	
المسا	of the compliance requirements P. Rule 62-213.300, Florida A		~		ility is found to be in	
discrepancies were n			-			
COMPLIANCE RE	QUIREMENT/PROBI	JEM	MUTOI	NY-UP ACT	ION REQUIRED	
					,	
•						
	·.					
•						
COMMENTS:						
<i></i>	acility	OK	<u></u>			
The Annual Compliance C	ertification found has been pro	operly certif	ied and submit	red to the inspec	tor. YES 1	10[1]
DATE OF NEXT INSPE	CTION:	(A)	oproximate)	98		-,
INSPECTION CONDUC		Todd	Fletcher (		:	
INSPECTOR'S SIGNAT	TURE: DOD (	the		THORE NUMB	ER: (407) 83	6-9524

### **Orange County Environmental Protection Department**



### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		T/DISCOVERY ·	
AIRS ID#: 0950295  FACILITY NAME:		77 TIMEIN: 0915 Dry Cleanors	TIME OUT:	
FACILITY LOCATION:	•	Holden Ave		
	Ovlande	s Fl 3283	3 <sup>C</sup> 7	<del></del>
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DA	RM by 9/1/96			<b>12</b>
2. New facility notified DARM	30 days prior to sta	urtup		Ē
3. Facility failed to notify DAR	M to use general po	ermit		
PART II: CLASSIFICATION	٧	10 10 10 10 10 10 10 10 10 10 10 10 10 1	***************************************	or all and any local to the control of the control
Facility indicated on notificati (check appropriate box)	ion form that it is:			
A.  I. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	rr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/9	: :	
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr ll/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" after="" gab="" gaboth="" on="" only,="" or="" td="" transfer="" types,=""><td>nl/yr yr</td><td></td></x<2,></td></x<2,>	00 gal/yr gal/yr ll/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" after="" gab="" gaboth="" on="" only,="" or="" td="" transfer="" types,=""><td>nl/yr yr</td><td></td></x<2,>	nl/yr yr	
This is a correct facility classi	fication	DAY CIN		
If no, please check the approp	riate classification:			
		ermit as numberabove d is not eligible for a general peri	n <b>it</b>	
B. The total quantity of perch		purchased within the preceding	12 months by this o	lry 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? 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 beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? אואם אם אס 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ΩΥ 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	ПN	PA
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	NA
	Is the temperature differential equal to or greater than 20° F?	ШΥ	ПИ	(1/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?  Is the perc concentration equal to or less than 100 ppm?	OY OY	□N □N	Ū∕N/∧
	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	ÜN	(LIA)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□M/A
P	ART V: RECORDKEEPING REQUIREMENTS			
]]	as the responsible official:			

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ON ON

	,		· ·			
2.	Which method of detection is used by the	e respons	ible official?			
	Visual examination (condensed so	ces)	G ,			
	Physical detection (airflow felt thro					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	(HD) noi	PID/calorim	ctric tubes)	Ü	
	If using direct-reading instrumen	ntation, i	s the equipn	nent:		l
	a. Capable of detecting p	ere vapor	concentration	ons in a range of 0-500 ppm?	UY Ù	И
	b. Calibrated against a st (PID/FID only)?	andard ga	is prior to ai	id after each use	ם צם	И
	c. Inspected for leaks and	l obvious	signs of wea	r on a weekly basis?	UY UN	
	d. Kept in a clean and secure area when not in use?					N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON	
3. Has the facility maintained a leak log?					OY ON	
4.	Does the responsible official check the f	gniwollo	areas for lea	ks?		
	Hose connections, fittings, couplings, and valves	ĽΥ	ПИ	Muck cookers	ØΥ	ПИ
	Door gaskets and scating	ĽY	ПN	Stills	(ZY	ПИ
	Filter gaskets and scating	UY	ΠИ	Exhaust dampers	IJΥ	ПИ
	Pumps	ĽΊΥ	ΠИ	Diverter valves	<b>Z</b> Y	ΛΩΝ
	Solvent tanks and containers	UY /	N⊡ ∨	Cartridge filter housings	CZYY	ПN
	Water separators	ūΥ	ΩИ			
اليد						

Korth Constance Ellington Name of Responsible Official	;
Todd Fletcher	1/7/97
Inspector's Name (Please Print)	Date of Inspection
todd Ital	1/7/98
Inspector's Signature	Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950295 KEITH R & CONSTANCE R ELLINGTON KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839 Out

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 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:    War   Wornton
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed after reasonable 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: KEITH Ellington July 911 113/98 Name (Please Print) Signature Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	30 AIRS ID#: 0950 295
TYPE OF FACILITY: "DVV Cleaner	
FACILITY NAME: Impleyed Dry	Cleaners DATE: 1/13/98
FACILITY LOCATION: 1228 Holden	Ave
Ovlando Fl	32839
RESPONSIBLE OFFICIAL: Keith Ellington	PHONE NUMBER: (407)855-4074
Based on the results of the compliance requirements evaluation and the second s	The state of the s
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	lated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
<u> </u>	
3	
COMMENTS:	
Pacillay In	Compliance
	<u> </u>
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{1}{13} \int_{A}^{A}$	gg
INSPECTION CONDUCTED BY: TODD F	Fletcher Please Print)
INSPECTOR'S SIGNATURE:	phone number: 836-9524

Page\_\_\_of\_

Revised 10/96

# #0950295 BEST AVAILABLE COPY Imperial Dry Cleaners

p.14 1.(a) add date control device	
installed 1.10) mark out "X" and initial 3. Should be new small area so	DRY CLEANERS
p.15 4. mark out "X" and initial; should be new small area sou	
W/ refrig. Con. 5.(4) required	78839
55.	
6.	
7.	Code:
8	
W. Contest (For example, plant manager).	
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: ( )	RECEIVE

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Keth R 4 Constance R Ellington Aba IMPERIAL DRY CLEANERS Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	IMPERIAL DRY CLEANERS
3.	IMPERIAL DRY CLEANERS Hazardous Waste Generator Identification Number:
	FLD 070434253
4.	FLD 070434253 Facility Location: Street Address: 1228 Holden Ave
	City: ORLANDO PL County: ORANGE Zip Code: 32839
b. = 341	
) ). 	Facility Identification Number (DEP Use):
	0950295
	Responsible Official
	·
	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	Organization/Firm:
	Street Address: SAMe
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407) 859 - 4074 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	S Am C
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	RECEIVED
	N L C L I V E D

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			IOPE						
(1) w/ ref. condenser	41	6 - AAR-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser				Ī					
(5) w/ carbon adsorber							J		
(6) w/ no controls									
Dryer Unit						: :			
(7) w/ ref. condenser		T		Ι	1				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				$\overline{}$				1	
(10) w/ ref. condenser		Ι .		_	<u> </u>		Γ	1	
(11) w/carbon adsorber							<del>                                     </del>	1	
(12) w/ no controls						<del>                                     </del>	<del> </del>	1	<del>                                     </del>
(b) Control devices are  (c) No control devices  2.(a) What was the total of [20]  (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchloons ow many? [1	proethylene (	★ perc)	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small are	Selec <del>ea-so</del>	t one classifi	ication only.) Ne	ew sn	initions foun nall area sou rge area sour	rce [	(3) of	Part II?	

4. What control technology is required on machines pursuant to section (5) of Policiate with an "X".)	art II of this notification form?		
Existing large area source Carbon adsorber  [ ] Refrigerated condenser			
Existing large area source			
	,		
	•		
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units			
boiler HP or less), and (2) are fired exclusively by natural gas except for period	ls of natural gas curtailment		
Equipment Monitoring and Recordkeeping Inform	nation		
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:		
(a) Purchase receipts and solvent purchases			
(b) Leak detection inspection and repair	[ <u>*</u> ]		
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction plan	[ <del>*</del> ]		

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

### 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)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement, maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	Delly 6 8/21/96 Date 1/2/95

# RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V CENERAL DEDMIT

	COMPLIANCE I	NSPECTION C	HECKLIST			
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	"OVERY	u	
	RE-INSPECTIO	N []	C. O. W. 13/1111713130		G	
AIRS 10#: <u>0950295</u>	DATE: 113	98 TIME	IN: 1100 TI	ME OUT: 1	1130	,
	•					
FACILITY NAME:FACILITY LOCATION:	1200	NY C	ienners.			
	Orland	0 Fl	32839			
RESPONSIBLE OFFICIAL	: Kerth Ell	ington	PHONE: 407	859 - 40	574	
CONTACT NAME:		v				
Do Lawrent an Legisty F.Led. Agent III, Legista at H. Legisty of public 1999, Paril Lines White. F. The Species Annies 1999, Species 19					<u> </u>	
PART I: NOTIFICATION						
(check appropriate box)						1
1. New facility notified DARN	4 30 days prior to star	rtup			Ü	
2. Facility failed to notify DA	RM to use general per	rmit			$\Box$	
SACTOR OF THE STATE OF THE STAT						
PART II: CLASSIFICATIO	N		·· · · · · · · · · · · · · · · · · · ·	•		]
Facility indicated on notifica	tion form that it is:		☐ No notification f		troloun	
(check appropriate box)  A.			☐ Drop store/out o	r ousmess/pc	поисии	·
1. Existing small area sou		2. New small				
dry-to-dry only, $x < 140$ gater transfer only, $x < 200$ gal/y		transfer only,	y, x < 140 gal/yr x < 200 gal/yr			
both types, x < 140 gal/yr		both types, x <	3 -			
(constructed before 12/9/9	i)	(constructed o	n or after 12/9/91)			
3. Existing large area so	irce 🗆	4. New large	area source		3ure	
dry-to-dry only, $140 \le x \le$			y, $140 \le x \le 2,100 \text{ gal}$	/yrˈ	≥ a L	۸۲
transfer only, $200 \le x \le 1$ ,			$200 \le x \le 1,800 \text{ gal/yr}$		음 오	Z
both types, $140 \le x \le 1,80$			$0 \le x \le 1,800 \text{ gal/yr}$		ë ≱	27
(constructed before 12/9/9	1)	(constructed of	n or after 12/9/91)		Sot ₹	JAN 2 7 1998
5. This is a correct facility	classification	DX DN	□Can not determi	ne	Bureau of Air Monitoring & Mobile Sources	98
If no, please check the	ne appropriate classifi	ication:			gn	
☐ fac	ility qualified for a go	eneral permit as		ove		
☐ fac	ility exceeds above li	mits and is not c	ligible for a general po	ermit		

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

### 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? Y UN UN/A 2. Examining the containers for leakage? UN UN/A 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? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON MN/A 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) 1. Equipped all machines with the appropriate vent controls? עארח ארח אידי 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA 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:			E de la constanta de la consta
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?	ШΥ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	UY	ĽΙΝ	UN/A
	Is the temperature differential equal to or greater than 20° F?	ШΥ	ИШ	□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	ИШ	□n/∧
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	ЙΝ	ÜN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΠN	∐N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	ŪΝ/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ПN	□N/∧

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	CAY CIN'
2. Maintained rolling monthly total of perc consumption?	UY UN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאם אם אאן
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY ON ON/A
4. Maintained calibration data? Gor applicable direct reading instruments)	(D) CIN (D) (V)
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA
6. Maintained startup/shutdown/malfunction plan?	ON ON
7. Maintained deviation reports?	איאם אם אם
Problem corrected?	OY UN ONIA
8. Maintained compliance plan, if applicable?	OY ON CANA

PA	ART VI: LEAK DETECTION AND R	EPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?		ON ON						
2.	Has the facility maintained a leak log?				אט אט				
3.	Does the responsible official check the	following area	as for leaks?						
	Hose connections, fittings, couplings, and valves	CA CON C		Muck cookers	OY ON ON/A				
	Door gaskets and seating	DY ON C	AVAC	Stiils	GY ON ON/A				
	Filter gaskets and scating	OY ON C	N/NC	Exhaust dampers	אואט אט צט				
	Pumps	GY ON C	A/AC	Diverter valves	DY ON ON/A				
	Solvent tanks and containers	CAY CIN (	N/V	Cartridge filter housings	אואט אט צע				
	Water separators	מא מא נ	N/VC						
4.	Which method of detection is used by the	ne responsible	c official?		/				
	Visual examination (condensed so	olvent on exte	erior surfaces	3)	d l				
	Physical detection (airflow felt the								
	Odor (noticeable perc odor)		u ·						
	Use of direct-reading instrumenta	C							
	Flalogen leak detector		رت						
	If using direct-reading instr	ment:	LZTV/A						
	a. Capable of detecting	pere vapor co	ncentrations	in a range of 0-500 ppm?	אט עט				
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	OY ON							
	c. Inspected for leaks as	m a weekly basis?	UY UN						
	d. Kept in a clean and s	c7	חט אם						
	e. Verified for accuracy	UY UN							
g		(		1	ŧ				
	TODO Flet	chev		1 13	198				
	Inspector's Name (Please Pri	nt)		Date of Insp	ection				

Approximate Date of Next Inspection

Inspector's Signature

A	ADDITIONAL SITE INFORMATION:	
1		
		1

# PERCIILOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

### COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 09 50295 DATE: 1/11	/99 TIME IN: 0900 TIME OUT: 0915
FACILITY NAME: Imperial	,
FACILITY LOCATION: 1228 Ho	· · ·
,	FL 32839
responsible official: <u>Keith</u>	<u> Ellington</u> PHONE: <u>407-859-4074</u>
CONTACT NAME:	PHONE:
	:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	permit : 🗆
PART II: CLASSIFICATION	\
Facility indicated on notification form that it i	
Facility indicated on notification form that it is (check appropriate box)	is:  □ No notification form □ Drop store/out of business/petrolemn
(check appropriate box) A.	☐ Drop store/out of business/petrolenni
(check appropriate box)  A.  1. Existing small area source U diy-to-dry only, x < 140 gal/yr	
(check appropriate box)  A.  1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petrolemu  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petrolemn  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petrolemu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petrolemn  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petrolemu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petrolemn  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	☐ Drop store/out of business/petrolemn  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petrolemm  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate class facility qualified for a	Drop store/out of business/petrolemm  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

FART 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 DN DN/A
2. Examining the containers for leakage?	DAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מא טא טאע
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוא באועע
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	•
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	a refrigerated st have been
If classification 4 has been checked, the machine should be equipped with a refri (complete ${\bf A}$ and ${\bf B}$ 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?	MY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QA ON ONY
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
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?	DY ON

2 of 5

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?	ΩY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□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?	ΩY	ПN	
	Is the perc concentration equal to or less than 100 ppin?	ΠY	Пи	□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
_				
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	Ņ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

P.	ART VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection an	nd repair
	inspection?	34		DAY ON
2.	Has the facility maintained a leak log?			DY ON
3.	Does the responsible official check the f	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ONA
	Door gaskets and scating	MY ON ON/A	Stills	אוחם אם צים
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	Y ON ON/A
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ØY ON ON/A
	Water separators	MY ON ON/A		
4.	Which method of detection is used by the	ie responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	ces)	<b>ල්</b>
	Physical detection (airflow felt thr	rough gaskets)		
	Odor (noticeable perc odor)	·	V .	
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)	
	Halogen leak detector		,	
	If using direct-reading instr	nmentation, is the equ	ipment:	ŒŃ/∧
	a. Capable of detecting p	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	d after each use	OY ON
	c. Inspected for leaks an	d obvious signs of wear	r on a weekly basis?	OY ON
	d. Kept in a clean and so	ecure area when not in	usc?	NO YO
	c. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
		•	·	
			·.	
:				
_	Ilka Bundy		1/11/99	
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection
	Illea Bunda		1/11/200	20
-	Inspector's Signature		Approximate Date of	Next Inspection

Records on computer spreadsheet (Excel).

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMP	PLAIN I/DISCOVERY	RE-INSPECTION [
TIME IN: 0900 TIME	оит: 0915	AIRS ID#:	0950295
TYPE OF FACILITY: Dry Cleane	20		
FACILITY NAME: Imperial D	ory Cleaner	۶,	DATE: 1/11/99
FACILITY LOCATION: 1228 Holde	n Ave		
Orlando 1			
	lington	PHONE NUMBE	R: 407-859-4074
Based on the results of the compliance compliance with DEP Rule 62-213.300	•		acility is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evaluate	ed during this inspection, the f	following compliance
COMPLIANCE REQUIREMENT	PROBLEM	FOLLOW-UP AC	TION REQUIRED
•			
		, All the reference according	
<i>:</i>			
COMMENTS:		<u> </u>	
Records on computer!	- acility	in Compliana	е.
The Annual Compliance Certification form has	been properly certifie	ed and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	1/11/20	OO	
INSPECTION CONDUCTED BY:	Ilka Bur		
ι .	(Ple	ase Print)	021 05211
INSPECTOR'S SIGNATURE:	Allea Burch	PHONE NUMBE	ER: 830-4024

Page of .

Revised 10/96

Orange County	y Environmo	ental Protec	tion Depar	tment
AIRS ID#: 0950295		Ŋ		B B I V B D
DRY CLEA	NER AIR OIL	ALITY CENEI	RAL PERMI	AJG 2 3 1999
			· / PI	ROTECTION DEPARTMENT
FACILITY NAME: 1 mperio	al Dry Cla	eaners	<u> </u>	DATE: 8/20/99
FACILITY LOCATION: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Holden	Ave.		
FACILITY NAME:	ido FL	32839		
Annual Reporting Period:	1/13	_1998 то _		/11 1999
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (	-		£_/	-
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in	continuous compliand		ing period stated above:
	<u> </u>	<del>.</del>	N L C	<u> </u>
Exact period of non-compliance: from	-	(	° <del>SE</del>	P 2 8 1999
Action(s) taken to achieve compliance:				of Air Monitoring
Method used to demonstrate compliance:				Mobile Sources
#2. Term or condition of the general perm	it that has not been in	continuous complianc	ce during the report	ing period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	÷ •		·	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Furth, does not exceed 2,10	er, my annual consum	ption of perchloroe	ethylene solvent, based
*This form is made available to you as an a discretion of the responsible official to use		ur annual compliance	certification requir	ements. It is at the

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	D/	COMPLAINT/DISCO	VERY 🔼
	RE-INSPECTION	۵	zurea &	THE CE
			20	7
AIRS ID#: 0950295	DATE: 01/13/00	J TIME IN	:	оит: 1600 <del>-</del>
FACILITY NAME:	mperial Dry	Cleane	rs	Nonito (
FACILITY LOCATION:				ring
	Orlando, F	L 3283	39	
RESPONSIBLE OFFICIAL	: Keith Ellir	ng ton	PHONE: 407-2	859-4074
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION		·		
(check appropriate box)				
1. New facility notified DARI	M 30 days prior to startup	)		ū
2. Facility failed to notify DA	RM to use general permit	t		a
PART II: CLASSIFICATIO	N			
PART II: CLASSIFICATIO		,	☐ No notification form	1
Facility indicated on notifical (check appropriate box)			☐ No notification form ☐ Drop store/out of bu	
Facility indicated on notifica (check appropriate box) A.	tion form that it is:		☐ Drop store/out of bu	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sou	tion form that it is:	. New small ar	☐ Drop store/out of bu	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 ga	tion form that it is:  urce	ry-to-dry only,	Drop store/out of butea source C< 140 gal/yr	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sou	tion form that it is:  urce	ry-to-dry only, x ansfer only, x <	Drop store/out of bu ea source c < 140 gal/yr 200 gal/yr	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gater transfer only, x < 200 gal/y	tion form that it is:  arce	ry-to-dry only, x ansfer only, x < oth types, x < 14	Drop store/out of bu ea source c < 140 gal/yr 200 gal/yr	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91)	tion form that it is:  urce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o	Drop store/out of butea source (< 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is:  urce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o	Drop store/out of butea source (< 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  arce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o . New large are ry-to-dry only, 1 ansfer only, 200	Drop store/out of but  ea source $x < 140 \text{ gal/yr}$ $y = 200 \text{ gal/yr}$ $y = 40 \text{ gal/yr}$	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  arce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o . New large are ry-to-dry only, 1 ansfer only, 200 oth types, 140 <	Drop store/out of but  ea source $x < 140 \text{ gal/yr}$ $200 \text{ gal/yr}$ $40 \text{ gal/yr}$ r after $12/9/91$ )  ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  arce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o . New large are ry-to-dry only, 1 ansfer only, 200 oth types, 140 <	Drop store/out of but  ea source $x < 140 \text{ gal/yr}$ $y = 200 \text{ gal/yr}$ $y = 40 \text{ gal/yr}$	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  arce	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o . New large are ry-to-dry only, 1 ansfer only, 200 oth types, 140 <	Drop store/out of but  ea source $x < 140 \text{ gal/yr}$ $200 \text{ gal/yr}$ $40 \text{ gal/yr}$ r after $12/9/91$ )  ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 < x < 3 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 second types.	tion form that it is:  aree	ry-to-dry only, y ansfer only, x < oth types, x < 14 constructed on o . New large are ry-to-dry only, 1 ansfer only, 200 oth types, 140    oth types, 140    constructed on o   dY   DN	Drop store/out of but  ea source  x < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  ea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr x \le 1,800 gal/yr r after 12/9/91)  Can not determine	nsiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility of facility of facility in the facility of facility in the facility of facility in the facility in the facility of facility in the facility in the facility of facility in the facility of facility in the facility i	tion form that it is:  arce	ry-to-dry only, yansfer only, x < oth types, x < 14 constructed on one of the constructed on one of the constructed on oth types, 140 < oth ty	Drop store/out of but  ea source (< 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  ea source (40 \le x \le 2,100 gal/yr (x \le 1,800 gal/yr r after 12/9/91)  Can not determine  above	asiness/petroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility of facility of facility in the facility of facility in the facility of facility in the facility in the facility of facility in the facility in the facility of facility in the facility of facility in the facility i	tion form that it is:  aree	ry-to-dry only, yansfer only, x < oth types, x < 14 constructed on one of the constructed on one of the constructed on oth types, 140 < oth ty	Drop store/out of but  ea source (< 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  ea source (40 \le x \le 2,100 gal/yr (x \le 1,800 gal/yr r after 12/9/91)  Can not determine  above	asiness/petroleum

Afm) 01-20-20

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXI/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) DAY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y 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?

$\mathbf{R}$	. Has the responsible official of an existing large or new large area source also:			
~	. The responsible official of an existing large of new targe area source also.			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩN	
ľ				
2.	Measured and recorded the washer exhaust temperature at the condenser	_		
	inlet and outlet weekly?	ПY	ŪN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
١.	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	Ωи	□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?	QΥ	ПΝ	□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?	DAY ON
2. Maintained rolling monthly total of perc consumption?	DAA ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MON/A
6. Maintained startup/shutdown/malfunction plan?	eay on
7. Maintained deviation reports?	OY ON DIN/A
Problem corrected?	OY ON DINA
8. Maintained compliance plan, if applicable?	OY ON ØN/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection ar	nd repair
inspection?			ETY ON
2. Has the facility maintained a leak log?			ON ON
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfaces)		₫
Physical detection (airflow felt the	rough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	ation (FID/PID/calorimetric t	ubes)	
Halogen leak detector	•		
If using direct-reading instr	umentation, is the equipme	nt:	⊡N/A
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and after	r each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear on a	weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in use?		OY ON
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON
Ilka Bundy	· .	01-13-00	>
Inspector's Name (Please Pri	nt)	Date of Inspection	
Alka Bund		01-13-0	
Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL	SITE	INFORMA	ATION:

### Orange County Environmental Protection Department

AIRS 1D#: 0950295

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

			•		
FACILITY NAME: Imperia	Dry Clea	iners		_DATE: _	113100
facility location: $1228$	Holden Ava	? <u>,                                    </u>			
Orland	do FL 328	39			
Annual Reporting Period:	1	19_99 то	JAN.	13	(۷) مور
Based on each term or condition of the Title					_
62-213.300, Florida Administrative Code (F.	A.C.), during the period	covered by this sta	tement. YE	s L	NO
If NO, complete the following:			•		
#1. Term or condition of the general permit	that has not been in cont	inuous compliance	during the report	ting period	stated above:
Exact period of non-compliance: from	•	to			
_					
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			-		
#2. Term or condition of the general permit	hat has not been in cont	inuous compliance	during the report	ting period s	stated above:
Exact period of non-compliance: from		to			
-					
Action(s) taken to achieve compliance:		<u> </u>	_		
Method used to demonstrate compliance:	<del></del>			•	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further, m loes not exceed 2,100 ga	y annual consump llons per year for o	tion of perchloro	ethylene sol	vent, based
RESPONSIBLE OFFICIAL: KEITH Nam	R ELLINGTON e (Please Print)	e flut k	Signature		Date

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1530	TIME OUT: 160	AIRS ID#:	0950295
FACILITY NAME: $\overline{1}$	ial Dry Clean		DATE: 01-13-00
responsible official: K	د برکست ا		407-859-4074
compliance with DEP Ru	ıle 62-213.300, Florida Admini		•
Based on the results of the discrepancies were noted	•	aluated during this inspection, the fo	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
·			
COMMENTS:	in compliance	e.	
·	01-	ertified and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	T.W. R	(Approximate)	
INSPECTION CONDUCTED I		(Please Print) PHONE NUMBE	R: 836 - 1400
	Pagé	$\int of \int$	Revised 10/96

# RSCA

#### PERCHLOROETHYLENE DRY CLEANERS

ARMS 1-31-01 JB

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

1,	COMI EMICE I	MSI ECTION C	HECKLIST	' <i>(</i>		-
TYPE OF INSPECTION:	ANNUAL	<b>M</b>	COMPLAINT/D	ISCOVERY	<b>a</b> .	
	RE-INSPECTION	и 🛈	Guin			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4 cs/	<u> </u>		
AIRS 10#: 0950295	DATE: [-3]-C	) [ TIME I	N: 1050 06/3	ime out!	115	
FACILITY NAME:	perial Dr	Clear	iers	OUT OF THE		
FACILITY LOCATION:	228 Hold	en Ave	· ·			
	Orlando, F	FL 32	839			•
RESPONSIBLE OFFICIAL :	,			-859-4	1074	
CONTACT NAME:		J	_PHONE:			·
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM	30 days prior to start	tup			a	
2. Facility failed to notify DAR	M to use general per	mit			a	
PART II: CLASSIFICATION	T				·	
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification☐ Drop store/out	•	roleum	C. Addl
A.				/		See
1. Existing small area sour		2. New small a		<b>12</b>		See Addl Notes
dry-to-dry only, $x < 140$ gal/ transfer only, $x < 200$ gal/yr		dry-to-dry only transfer only, x				11000
both types, $x < 140$ gal/yr		both types, x <		•	٠	DENNE
(constructed before 12/9/91)		(constructed on	or after 12/9/91)			Opune
3. Existing large area sour	ce 🛭	4. New large a	rea source	D		
dry-to-dry only, $140 \le x \le 2$ ,			$140 \le x \le 2,100 \text{ ga}$	l/yr	i	
transfer only, $200 \le x \le 1,80$	· .		$00 \le x \le 1,800 \text{ gal/y}$	Т		
both types, $140 \le x \le 1,800$ g			$\leq x \leq 1,800 \text{ gal/yr}$			
(constructed before 12/9/91)	•	(constructed on	or after 12/9/91)			
5. This is a correct facility cl	assification	DY ON	☐Can not determ	ine		
If no, please check the	appropriate classificat	tion:				
☐ facili	ty qualified for a gene	eral permit as nu	mber ab	ove		•
☐ facili	ty exceeds above limi	its and is not elig	gible for a general p	ermit		
B. The total quantity of perchlo facility was gallons.	roethylene (perc) pur	chased within th	e preceding 12 mon	ths by this dry o	cleaning	

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? BY ON ON/A 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? CRY ON ON/A & Spin disc 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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) MY ON 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/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 condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

T	. Has the responsible official of an existing large or new large area source also:		
ĺ	. And the responsible different of an existing intige of heir intige area source and.		
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?	ПΥ	□N ·
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	QΥ	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	Πv	ON ON/A
	is the temperature differential equal to of greater than 20 T?	<b>J</b> 1	OIA OIAY
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?	ŪΥ	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	Dν	ON ON/A
	is the pere concentration equal to or less than 100 ppm?	<u> </u>	ON ONA
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?	ŪΥ	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	QY	□N/A □N/A
_			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ЦY	ON ON/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: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON GINA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DNA 8. Maintained compliance plan, if applicable?

RT VI: LEAK DETECTION AND R	REPAIRS		
Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection as	nd repair
inspection?			OY ON
Has the facility maintained a leak log?			OY ON
Does the responsible official check the	following areas for leaks?	•	· ·
Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	CAY ON ON/A
Door gaskets and seating	אואס אס אס	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ONA	Diverter valves	ØY ON ON/A
Solvent tanks and containers	WY ON ON/A	Cartridge filter housings	ØY ON ON/A
Water separators	CY ON ON/A		·
which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	lvent on exterior surfaces	<b>s</b> )	ପ୍ର
Physical detection (airflow felt thr	ough gaskets)		ū
Odor (noticeable perc odor)		•	a
Use of direct-reading instrumentat	tion (FID/PID/calorimetri	c tubes)	a
Halogen leak detector			Q
If using direct-reading instru	mentation, is the equip	ment:	ON/A
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON
_	andard gas prior to and a	fter each use	מם עם
	d obvious signs of wear o	n a weekly basis?	מם עם
<u>-</u>	·	-	מם עם
-			OY ON
	•		
Ilka Bundy		1-31-01	
	)	Date of Inspection	
Alla Riand		7BD	
Inspector's Signature		Approximate Date of I	Next Inspection
	Does the responsible official conduct a inspection?  Has the facility maintained a leak log? Does the responsible official check the Hose connections, fittings, couplings, and valves  Door gaskets and seating  Filter gaskets and seating  Pumps  Solvent tanks and containers  Water separators  Which method of detection is used by the Visual examination (condensed son Physical detection (airflow felt the Odor (noticeable percodor))  Use of direct-reading instrumental Halogen leak detector  If using direct-reading instrumental Halogen leak detector  a. Capable of detecting pub. Calibrated against a struction (PID/FID only)?  c. Inspected for leaks and d. Kept in a clean and see e. Verified for accuracy to the Pintspector's Name (Please Printspector's N	As the facility maintained a leak log?  Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Pumps   Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection as inspection?  Has the facility maintained a leak log?  Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  LY ON ON/A  Stills  Filter gaskets and seating  LY ON ON/A  Stills  Filter gaskets and seating  LY ON ON/A  Diverter valves  Solvent tanks and containers  LY ON ON/A  Cartridge filter housings  Water separators  WY ON ON/A  Chich method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable pere odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Ilka Bund  Inspector's Name (Please Print)  Date of Inspection	

#### ADDITIONAL SITE INFORMATION:

Jan. 2,2001 Business Sold to & Saul Pierre: Feb 1 - Visit Saul Pierre! Notification Form

2000 Jan 7 (0,0) 1.0.0 March 3 10.0 may 6 10. June Z 10. Sep 2 10 Nov 10 Dec 15 10. 76.0 IRS ID#: 0950295

Revised 01/18/00

### ARMS 1-31-01

## DRY

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

FACILITY NAME: Imperial Dry	Cleaners	DATE:	1/31/21
1220 Hill-	1.0	DAIE;	(131101
ACILITY LOCATION: 1228 Holden Orlando, FL	$\frac{A \sqrt{e}}{2 \sqrt{a} \sqrt{a}}$		
Orlando, FL	32839		
T			
Annual Reporting Period: January	20_ <i>00</i> TO	January	20 0(
Based on each term or condition of the Title V general air	namit my facility has ramai	nad in compliance with DED I	· Dula
52-213.300, Florida Administrative Code (F.A.C.), during		. /	<b>□</b> NO
f NO, complete the following:			
11. Term or condition of the general permit that has not be	een in continuous compliance	e during the reporting period s	tated above:
			<u> </u>
Exact period of non-compliance: from	t		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
2. Term or condition of the general permit that has not be	een in continuous compliance	during the reporting periods	tated above:
		ı	
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 inform In this notification are true, accurate and complete. Furth Tourchase receipts, does not exceed 2,100 gallons per year j Combination facilities.	er, my annual consumption o	f perchloroethylene solvent, b	ased upon
RESPONSIBLE OFFICIAL: KEITH Ellingfe Name (Please Prin	" Keet	Alles 11	31/01
Name (Please Prin	nt)	Signature Date	

Page of .

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	сом	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1050 JIM  TYPE OF FACILITY: Dry Clean	E OUT: 1115	AIRS ID#:	0950295 h
FACILITY NAME: Imperial T FACILITY LOCATION: 1228 Hold	<del></del>		DATE: 1-31-0/
Orlando, RESPONSIBLE OFFICIAL: Keith E	FL 3283 Ellington		ER: 407-859-4074
Based on the results of the compliance compliance with DEP, Rule 62-213.30	-	<del>-</del>	facility is found to be in
Based on the results of the compliance discrepancies were noted:			·
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP AC	TION REQUIRED
		·	
			<u>.</u>
		·	
	no and		<u>.</u>
COMMENTS:		_	
Sold business -	to Saul	Pierre.	
The Annual Compliance Certification form had DATE OF NEXT INSPECTION:	T.B.I	).	etor. YES NO
. INSPECTION CONDUCTED BY:	Ilka	proximate) Bundy	
INSPECTOR'S SIGNATURE:	Illea Bun	ease Print)  PHONE NUMB	ER: 407-836-1400

SENDER: COMPLETE	E THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
so that we can return	Delivery is desired. I address on the reverse In the card to you. he back of the mailpiece,	A. Received by (Please Print Clearly), B. Date of Deliver  C. Signature  Agent  Addresse
1. Article Addressed to:		D. Is delivery address different from item 1? Yes  If YES, enter delivery address below.  Bureau of Air Wonitoring
		& Mobile Sources
10 AIRS II KEITH R ELLINGTON MPERIAL DRY CLEA		
1228 HOLDEN AVE ORLANDO FL 32839	ANEK2	3. Service Type Certified Mail □ Express Mail Registered □ Return Receipt for Merchandis
		☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 19		eturn Receipt 102595-99-M-1789
PS Form 3811, July 19	VS Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to	ified Mail Provided. hal Mail (See reverse) # 0950295001AG
PS Form 3811, July 19	JE DE LE US Postal Service Receipt for Cert No Insurance Coverage P Do not use for Internation Sent to  10 AIRS ID KEITH R ELLINGTON IMPERIAL DRY CLEAN 1228 HOLDEN AVE ORLANDO FL 32839	ified Mail Provided. hal Mail (See reverse) # 0950295001AG
PS Form 3811, July 19	JE DE LE US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to  10 AIRS ID KEITH R ELLINGTON IMPERIAL DRY CLEAN 1228 HOLDEN AVE ORLANDO FL 32839  Special Delivery Fee	ified Mail Provided. hal Mail (See reverse) # 0950295001AG
PS Form 3811, July 19	JE 210 66  US Postal Service  Receipt for Cert  No Insurance Coverage F  Do not use for Internation  Sent to  10 AIRS ID  KEITH R ELLINGTON  IMPERIAL DRY CLEAN  1228 HOLDEN AVE  ORLANDO FL 32839  Special Delivery Fee  Restricted Delivery Fee	ified Mail Provided. hal Mail (See reverse) # 0950295001AG
PS Form 3811, July 19	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to  10 AIRS ID KEITH R ELLINGTON IMPERIAL DRY CLEAN 1228 HOLDEN AVE ORLANDO FL 32839  Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Return Receipt Showing to Whom,	ified Mail Provided. Inal Mail (See reverse) # 0950295001AG  NERS
PS Form 3811, July 19	JE DE LE US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to  10 AIRS ID KEITH R ELLINGTON IMPERIAL DRY CLEAN 1228 HOLDEN AVE ORLANDO FL 32839  Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered	ified Mail Provided. Inal Mail (See reverse) # 0950295001AG  NERS

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

TOTAL AMOUNT DUE: \$50.00 MAIL ROOM

JAN 15 93

Do NOT Remove Label

AIRS ID#0950295

KEITH R & CONSTANCE R ELLINGTON

KEITH R ELLINGTON

1228 HOLDEN AVE ORLANDO FL 32839 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

#### THIS PORTION MUST BE ATTACAED TO REMITTANCE FOR PROPER HANDLING

259019

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

JAN 27 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0950295

IMPERIAL DRY CLEANERS KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

STICKER AT TOP OF ENVELOPE STICKER AT TOP OF ENVELOPE RICHT OF RETURN ADDRESS.		
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can returni 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 # 0950295  IMPERIAL DRY CLEANERS  KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below  No	
	3. Service Type  Certified Mail	
2. Article Number (Copy from service label) 7000 0600 0026 7825 5.815		
PS Form 3811, July 1999 Domestic Re		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
5.8.1.5			
7825	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here .
2000 0000	IMPERIAL DRY CI KEITH R ELLINGT 1228 HOLDEN AV ORLANDO FL 328	CON E	295
1	PS Form 3800, February 2	2000	See Reverse for Instructions

.

0		MAIL REC	<b>EIPT</b> Coverage Provided)
디	Article Sent To:		
2	[095029	5001 AG	2210663039
827	Postage	\$	
ū	Certified Fee		Postmark
.T	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
0600	Total Postage & Fees	\$	
_	Deith Flington		
2000			
20	City, State, ZIP+4		
	PS Form 3800, July 1999		See Reverse for Instructions

- - - - -



"(cut here)

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406798 MAR 52001

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0950295

IMPERIAL DRY CLEANERS KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839 Notice SAYS
"15" NOTWAS"
UND ARE WRONG!

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389466

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 # 0950295

IMPERIAL DRY CLEANERS KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839 AIL ROC

FOR GOVERNMENT USEON CO. 37550101000 EO: BY

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354366

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

# TOTAL AMOUNT DUE: RECEIVED

DEC 2 1 1998

o NOT Remove Label

AIRS ID # 0950295

IMPERIAL DRY CLEANERS KEITH R ELLINGTON 1228 HOLDEN AVE ORLANDO FL 32839

Bureau of Air Monitoring & Mobile Sources

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

Obj.: 002273

SENDER: 0 SENDRESS SUCKER AT TOP OF ENVELOPE	TO THE F	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery ,  G. Stgnature  Agent Addressee  D. Is delivery address different from item 12 Yes	
1. Article Addressed to:  AIRS ID # 0950295  IMPERIAL DRY CLEANERS  KEITH R ELLINGTON  1228 HOLDEN AVE	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
ORLANDO FL 32839	3. Service Type Certified Mail	
1000060 <b>0</b> 00264125 <i>8</i> 966	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
25.	Postage	\$	
7	Certified Fee		Postmark
급	Return Receipt Fee (Endorsement Required)		Here
吕	Restricted Delivery Fee (Endorsement Required)		
9	Total Pos		AIRS ID # 0950295
0090	Total Pos IMPERIAL DRY CLEANERS  Recipient's KEITH R ELLINGTON		
	1228 HOLDEN AVE		
吕	Street, Apt. ORLANDO FL 32839		
7000	City, State,		
	PS Form 3800; Rebruary 8	2000	See Reverse for Instructions