



## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. Eupenta Faraji President Ace Quality Cleaners 431 East Michigan Street Orlando, Florida 32806

Dear Mr. Faraji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 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

Mr. Louis Nichols, Central District cc:

# 0950300

P.15 4. Should not be marked

## Perchloroethylene Dry Cleaning Facility Notification

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

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	ACE Quality Cleaners Corp.					
	. Site Name (For example, plant name or number):					
	ACE Auglity Cleanus  Hazardous Waste Generator Identification Number:					
3.	Hazardous Waste Generator Identification Number:					
	FLD 981021694					
4.	Street Address: 431 E. Michigan ST.  City: ORLANDO County: ORANDE Zip Code: 32806					
	City: ORLANDO County: ORANPE Zip Code: 32806					
5.	Facility Identification Number (DEP Use):					
	0950300					
	Responsible Official					
	Name and Title of Demonstrate Official.					
6.	Name and Title of Responsible Official:  EUPENIA FARAJI PRESIDENT.					
	V					
7.	Responsible Official Mailing Address: Organization/Firm:					
	Street Address: SAME					
	City: County: Zip Code:					
8.	Responsible Official Telephone Number: Telephone: (407) 422-5735 Fax: ( ) -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: Zip Code:					
11.	Facility Contact Telephone Number:					
•••	Telephone: ( ) - Fax: ( ) -					

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AUG 27 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	<u> </u>	12-NOV-93	#2	08-DEC-91	Instance	l	02-MAR-92	
Dry-to-Dry Unit	5. I								· Tracky,
(1) w/ ref. condenser	# 1	05-Aph. 91	05-APR-91						T
(2) w/ carbon adsorber	<u> </u>								-
(3) w/ no controls		1							
Washer Unit					to discharge			. The second second	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			The state of the s				, ,,	ing at the second	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	Ald to		in a succession in the	71,2			15 mm.	Artis Alemania	
(10) w/ ref. condenser	_								
(11) w/carbon adsorber							_		
(I2) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are ro	equired to be ity of perchlo ons ow many? [_	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 sn	nitions found nall area sour	ce [	3) of	Part II?	
LAISTING IMEC AN	u 301		146	, TT 1a	se area sour	<u> </u>	j		

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4. What control technology is require (Indicate with an "X".)	ed on machines p	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	[ <b>X</b> _]
New small area source Refrigerated condenser [			
New large area source Refrigerated condenser [			
			·
5. A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such un	hat all steam and		
All steam and hot water generating uboiler HP or less), and (2) are fired during which propane or fuel oil con	exclusively by na	tural gas except for perioa	ls of natural gas curtailment
All steam and hot water generating u No such units on-site	inits exempt	[ <b>X</b> ]	
Equipmer	nt Monitoring a	nd 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 pur	rchases		[X]
(b) Leak detection inspection and rep	pair		_ <b>X</b> _
(c) Refrigerated condenser temperatu	are monitoring		<b>X</b>
(d) Carbon adsorber exhaust perc con	ncentration moni	toring	
(e) Instrument calibration			<u> X</u>
(f) Start-up, shutdown, malfunction	plan		[ <b>X</b> ]

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

	Surrender of Existing 111 101 mix(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)					
[ <b>X</b> ]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.  I will promptly notify the Department of any changes to the information contained in this notification.						
Signature	apenne torofte B-22-96.  Date					

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

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

AIRS ID#0950300

ACE QUALITY CLEANERS CORP EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806

Do NOT Remove Label

Annual Reporting Period:	assey	1997 то _	SANURY	19 <u>9</u> 6
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code			rêma .	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perr	nit that has not been in o	continuous compliane	e during the reporting pe	riod stated above:
Exact period of non-compliance: from		t		0 (0C) VEE
Action(s) taken to achieve compliance:			· · · · · · · · · · · · · · · · · ·	o
Method used to demonstrate compliance:			· ·	1
#2. Term or condition of the general perr			e during the reporting pe	riod stated above:
Exact period of non-compliance: from	KEC	EIVED		
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	JA	N 2 2 1998		<u>,                                      </u>
rection used to demonstrate compitance.		of Air Monitoring obile Sources	-	
As the responsible official, I hereby certify, be notification are true, accurate and complete, does not exceed 2,100 gallons per year for dr	Further, my annual cons	sumption of perchloroe	ethylene solvent, based upoi	n purchase receipts,
RESPONSIBLE OFFICIAL:	elflucie For Tame (Please Print)	of Eugen	signature Signature	1-15-48 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.

## PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL DEDAGE

ARMS	7-28-00 Jp
	JP.

COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION:	ANNUAL	. m	COMPLAINT/DISCOVÉ	Ry 🗆
	RE-INSPECTION		Ø. W	
(manufacture)	<u> </u>		The table	
airs id#: <u>0950300</u>			***	jr: 0955
FACILITY NAME: Ace	Quality C	leane	rs "Sullange	<i>™</i> ()
FACILITY LOCATION:		1		ille.
u .	Orlando FL			<del></del>
RESPONSIBLE OFFICIAL	: Eugenia to	iraji	PHONE: 407- 427	1-5735
CONTACT NAME:			PHONE:	
	<u>·                                      </u>			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	A 30 days prior to startu	ı <b>p</b>		
2. Facility failed to notify DAI	RM to use general perm	ı <b>it</b>		٥
PART II: CLASSIFICATIO	N	<del></del>		
Facility indicated on notificat	tion form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of busine	ess/petroleum
A.  1. Evicting emall area saw	urce 🕅 2	* N-wamall	l area source	
1. Existing small area sound dry-to-dry only, x < 140 gal	– -	2. New small drv-to-dry only	l area source ly, x < 140 gal/yr	
transfer only, x < 200 gal/yr		ury-to-ary only, x transfer only, x		
both types, $x < 140$ gal/yr		both types, x <	-	
(constructed before 12/9/91)			on or after 12/9/91)	
3. Existing large area sour		4. New large		
dry-to-dry only, $140 \le x \le 2$			ly, $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.80$			$200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$	gal/yr o	oth types, 14	$0 \le x \le 1,800 \text{ gal/yr}$	

If no, please check the appropriate classification:

(constructed before 12/9/91)

5. This is a correct facility classification

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

(constructed on or after 12/9/91)

□Can not determine

ON

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

## 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? MY ON ON/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 PN/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? 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 condenser upon opening the door? DY ON ON/A 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? 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 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?		N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY C	אב	□N/A
	Is the temperature differential equal to or greater than 20° F?		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?		N	□N/A
	Is the perc concentration equal to or less than 100 ppm?		NE	ŪN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			*.
	or expansion; and downstream from no other inlet?		N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY C	מב	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?		אכ	□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: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY ON ON/A DY DN 12/10/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON ON/A DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DYNA 7. Maintained deviation reports? DY DN MN/A Problem corrected? DY DN PM/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ØY ON		
2. Has the facility maintained a leak log?			MY ON		
3. Does the responsible official check the f					
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	BY ON ON/A		
Door gaskets and seating	OY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A		
Pumps	MY ON ON/A	Diverter valves	ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by th	e responsible official?				
Visual examination (condensed so	lvent on exterior surfaces)		u		
Physical detection (airflow felt thr					
Odor (noticeable perc odor)	<b>a</b>				
Use of direct-reading instrumentat	0				
Halogen leak detector					
If using direct-reading instru	DN/A				
a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	OY ON		
b. Calibrated against a sta (PID/FID only)?	andard gas prior to and aft	er each use	מם צם		
c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	מם עם		
d. Kept in a clean and se	_	-	OY ON		
e. Verified for accuracy l	by use of duplicate sample	s (calorimetric only)?	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
Ilka Bundy					
Inspector's Name (Please Print	) ·	Date of Inspection			
Alka Runda		7-28-01			
Inspector's Signature	Next Inspection				

#### ADDITIONAL SITE INFORMATION:

$$2-15-99 \cdot 10.0$$
 $1-2-99 \cdot 5.0$ 
 $5-21-99 \cdot 5.0$ 
 $6-17-99 \cdot 10.0$ 
 $1-8-99 \cdot 10.0$ 
 $1-14-99 \cdot 10.0$ 
 $1-14-99 \cdot 5.0$ 
 $10-27-99 \cdot 5.0$ 
 $11-18-99 \cdot 15.0$ 

7-14-99 10.0

95,0

$$1-14-00$$
 5.0  $r$ 
 $2-9-00$  5.0  $r$ 
 $3-24-00$  10.0  $r$ 
 $3-17-00$  5.0  $r$ 
 $5-12-00$  5.0  $r$ 
 $6-9-00$  5.0  $r$ 
 $7-26-00$  10.0

Revised 01/18/00

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

ARMS 7-28-00 HD

N=0 ()		
FACILITY NAME: 100 WUS	ality Cleaners	DATE: 7-28-2
FACILITY LOCATION: 431 E.	. Michigan St.	
FACILITY LOCATION: 431 E.	ido, FL 32806	
Annual Reporting Period: August	16, 1999 20th TO J.	1/28 20 Ud
	tle V general air permit, my facility has remained in (F.A.C.), during the period covered by this statement	
f NO, complete the following:		
-	nit that has not been 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:		
<ol> <li>Term or condition of the general perm</li> </ol>	nit that has not been in continuous compliance during	the reporting period stated above:
	to	<u> </u>
exact period of non-compliance: from	to	
exact period of non-compliance: from action(s) taken to achieve compliance:	to	
Exact period of non-compliance: from Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	to	

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page of .

discretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🇹	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 0925	TIME OUT:	0955	AIRS ID#: 09!	50300
TYPE OF FACILITY: Dry	Cleaner			
FACILITY NAME: Ace	Quality C	leaners		DATE: 7-78-00
FACILITY LOCATION: 4	31 E. Mich	igan St.		
0	Irlando, FL	35800		
RESPONSIBLE OFFICIAL:	Eugenia Fara	y'i	PHONE NUMBER:_	407-422-5735
	f the compliance requireme Rule 62-213.300, Florida	_	•	ty is found to be in
Based on the results o discrepancies were no	f the compliance requiremented:	ents evaluated during	this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM FO	OLLOW-UP ACTIO	ON REQUIRED
		·		
	( ) ×		. 23	
			5 1	<u> </u>
	*			
			the advance of the last of the	mer production of the private original and private or the private
i	£ .			
1 3	11.			
COMMENTS:	77			
Facility	in compl	iance,	• .	
The Annual Compliance Certif	3/1/	perly certified and su	bmitted to the inspector.	YES NO
INSPECTION CONDUCTED		(Approximat Ilka Dundy		
INSPECTOR'S SIGNATUR	· 111 D	(Please Print	t) PHONE NUMBER:_	407 -836-1400
		Page of .		Revised 10/96

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## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

SEP 2 5 1997

TYPE OF INSPECTION: ANNUA RE-INS	PECTION		BI COMPLAINT/DISCO	ureau of Air Monitoring 안화Mobile Sources
AIRS ID#: <u>0950300</u> DATE:		TIME IN:	10100 TIME	E OUT: 10:30
FACILITY NAME: ACC	vality (	lean	€ V-S	
FACILITY LOCATION: 431	E. MI	chiga	in St	
	ando	FL	3-2806	
RESPONSIBLE OFFICIAL:	men Fai	icji_I	HONE: 407	422 - 5735
CONTACT NAME:	M . 1844 (4) 4	I	PHONE:	· Alama kan
the state of the s				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days pri	or to startup			
2. Facility failed to notify DARM to use ge	neral permit			
PART II: CLASSIFICATION				
Facility indicated on notification form th (check appropriate box)  A.	at it is:		☐ No notification for ☐ Drop store/out of b	· · · · · · · · · · · · · · · · · · ·
	dry-to- transfe both ty	er only, $x < y$ pes, $x < 14$	< 140 gal/yr 200 gal/yr	
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-10- transfo both ty	er only, 200 pes, 140 <u>&lt;</u>	ca source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ r after 12/9/91)	a
5. This is a correct facility classification		ПΝ	□Can not determine	
	for a general pe		nber above ble for a general perm	
B. The total quantity of perchloroethylene facility was <u>70</u> gallons.	(perc) purchased	l within the	preceding 12 months	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A		
2. Examining the containers for leakage?	DY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	OY ON		
4. Draining cartridge filters in their housing or in scaled 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?	מא טא טאס אס		
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 refr (complete A below).	igerated condenser		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	מם עם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON CIN/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?	□Y □N □N/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after	רוע רוא		

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	ИŪ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ШΥ	אט	אואם
	Is the temperature differential equal to or greater than 20° F?	ПΥ	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?	ÜΥ	ПN	ロタ/マ
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПИ	□N/V
4.	pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ΠN	□N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□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 pere purchased?	OY ON				
2. Maintained rolling monthly averages of perc consumption?	מאַ טא				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DM/A				
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON BANA				
6. Maintained startup/shutdown/malfunction plan?	BY ON				
7. Maintained deviation reports?	OY ON DXVA				
Problem corrected?	סא סא סאיע				
8. Maintained compliance plan, if applicable?	חואס אם צם				

PA	PART VI: LEAK DETECTION AND REPAIRS						
l.	Does the responsible official conduct a w	cckly (for small source	es, bi-weekly) leak detection an	d repair			
	inspection?			MO M			
2.	Has the facility maintained a leak log?			BY ON			
3.	Does the responsible official check the fe	ollowing areas for leak	s?				
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	CAY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	A/NO NO YO			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אוחם אם צאט			
	Water separators .	DY ON ON/A		:			
4.	. Which method of detection is used by it	e responsible official?					
	Visual examination (condensed so	olvent on exterior surface	ccs)				
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector						
If using direct-reading instrumentation, is the equipment:				□N/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON			
	b. Calibrated against a s	tandard gas prior to an	d after each use				
	(PID/FID only)?			OY ON			
	c. Inspected for leaks an	d obvious signs of wea	r on a weekly basis?	OY ON			
	d. Kept in a clean and so	ecure area when not in	use?	OY ON			
	e. Verified for accuracy	by use of duplicate san	ples (calorimetric only)?	ПЛ ПИ			
, haber	The same of the sa						
Topi Fletcher 9/12/97							
_	Inspector's Name (Please Print)  Date of Inspection						
	9/12/98						
-	Inspector's Signature Approximate Date of Next Inspection						

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 0:00	TIME OUT:	10:30	AIRS ID#:	0950300
TYPE OF FACILITY:	Dry Cleaner	1		
FACILITY NAME:	Ace Qualit	y Cles	nevs	DATE: 9/12/97
FACILITY LOCATION:	431 E M	ichigan	<u>St</u>	
RESPONSIBLE OFFICIAL:	OVIGNE FO		37806 PHONE NUMBE	R: 422-5735
RESPONSIBLE OF TICIAL.	CONTA FA	4471	THORE HOMBE	<u> </u>
ري ا	le compliance requirements ale 62-213.300, Florida Adr		- '	acility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements	evaluated duri	ng this inspection, the f	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M	FOLLOW-UP AC	ΓΙΟΝ REQUIRED
r				
•				
				•
į.			•	
· F				
	<del> </del>			
				, V
COMMENTS:			,	<del></del>
•	Facility 1	n Ov	dev	
The Annual Compliance Certification	ution form has been properly	v certified and	submitted to the inspect	or. YES NO
•		9/17/0		
DATE OF NEXT INSPECTION	v:	(Approxim	ate)	
INSPECTION CONDUCTED	BY:	Please Pr	letcheu	
INSPECTOR'S SIGNATURE:	dold Uf	lilete	PHONE NUMBE	R: 836-9524

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Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS



(H

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION	Bureail
AIRS ID#: $0950300$ DATE: $9/14/14$ FACILITY NAME: $ACE$ $AUALI$ FACILITY LOCATION: $431E$	TY CLEANERS
DRUANA	0 FL 32806
RESPONSIBLE OFFICIAL: EUGENI	A FARAJI PHONE: 407-422-5735
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🚨 .
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
☐ facility exceeds above lin	cation: cheral permit as number above mits and is not eligible for a general permit ourchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DAY ON ON/A
2. Examining the containers for leakage?	DA CONVA
3. Closing and securing machine doors except during loading/unloading?	. <b>2</b> Y ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואם אם אפ
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a 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 mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ΩŸ ΩN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	' ОУ ОИ
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?	מט עם

PART III: GENERAL CONTROL REQUIREMENTS

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	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	Ωи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ĽΙΥ	ÜN	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	ΩN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□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?	MY 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;	אוום אם אבן.			
<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>	איאם אם אבל			
4. Maintained calibration data? (for applicable direct reading instruments)	אואם, אם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON BUNY			
6. Maintained startup/shutdown/malfunction plan?	, ZAY ON			
7. Maintained deviation reports?	עיאבל אם גם			
Problem corrected?	מא מט אוע			
8. Maintained compliance plan, if applicable?	באתם, אם עם			

PART VI. LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a w	reckly (for small sources, bi	i-weekly) leak detection and	d repair		
inspection?			DAY ON		
2. Has the facility maintained a leak log?			DY ON		
3. Does the responsible official check the fe	ollowing areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and scating	DY ON ON/A	Stills	מאם מם אק		
Filter gaskets and scating	MY ON ON/A	Exhaust dampers	DY 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	DY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by the					
Visual examination (condensed so	Ø				
Physical detection (airflow felt the					
Odor (noticeable perc odor)	Odor (noticeable perc odor)				
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)			
Halogen leak detector					
If using direct-reading instr	umentation, is the equipm	ent:	MNVV		
a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?			OY ON		
<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	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?			□Y □N		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY ON		

ASSEFA HATLEMARIAM	9/14/98
Inspector's Name (Please Print)	Date of Inspection
more Heillomanan	9/14/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPL	LAIN I/DISCOVERY  RE-INSPECTIO	и
TIME IN: 900 TIME OUT: 980	AIRS ID#: 0950300	
TYPE OF FACILITY: DIY CLEANER		
FACILITY NAME: ACE BILALITY CLEAN,	7	94
FACILITY LOCATION: 431 F. MICHIGATICE	37.	<u>, , , , , , , , , , , , , , , , , , , </u>
Odiani DO FL 3	32806	
RESPONSIBLE OFFICIAL: ENGENIA FARATI		7 >
RESPONSIBLE OFFICIAL. ETAGENTA FARALIZ	FHORE NUMBER. 901-977-1	734
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	•	
Based on the results of the compliance requirements evaluated discrepancies were noted:	I during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	_
·		
	•	
•	·	
·		
•		
COMMENTS:		
FACILITY IN OLDER		
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: 9/19 (Appr	oximate)	
INSPECTION CONDUCTED BY: A SS FA HAILE (Pleas	MANIAM se Print)	
INSPECTOR'S SIGNATURE: one free lemans	<u>y as</u>	32
Page 1 o	of / Rev	/ised 10/9

## Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPI	AINTIDISCOVERY RE-INSPECTION
TIME IN: 10.35 TIME OUT:	AIRS ID#: 0950,300
TYPE OF FACILITY: Dry Clea	ning
FACILITY NAME: ACE Quality Clea	Nevs DATE: 1/2/97
FACILITY LOCATION: 431 E. Michigan	St
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 422 - 5735
Based on the results of the compliance requirements evaluated	d during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No volling monthly averages of Perc Consumption records being Kept	SIX mouth reinspection
No leak detection records lept	γ <sub>11</sub>
No corrective action records Kept 3	11 u
•	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certification	·
DATE OF NEXT INSPECTION: $1/2$	197 proximate)
INSPECTION CONDUCTED BY: Todd	Fletcher
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 836-9524

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Revised 10/96



## **Orange County Environmental Protection Department**

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

THE STATE OF THE S	RE-INSPECTIO	N CI	
AIRS ID#:0950300	DATE: 1/2 /97	TIME IN: 1035 TIME OU	JT:
FACILITY NAME: <u>A</u> C	E CLEANE	ru	
FACILITY LOCATION:	431 E. MI	CHIGAN ST	
	OKCHNOO P	L 32806	
			i v'a control (1201)
(check appropriate box)		,	
1. Existing facility notified D	•		⊠
2. New facility notified DAR	• •	•	
3. Facility failed to notify DA	VRM to use general pe	rmit	
			i di indiana
PART II: CLASSIFICATION			
Facility indicated on notific (check appropriate box)	ation form that it is:		
Λ.			
1. Existing small area so dry-to-dry only, x<140 ga		2. New small area source dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/y		transfer only, x<200 gal/yr	
both types, x<140 gal/yr (constructed before 12/9/9	91)	both types, x<140 gal/yr (constructed on or after 12/9/91)	
,	•		
3. Existing large area so dry-to-dry only, 140 <x<2< td=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2<>		4. New large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,80< td=""><td>00 gal/yr</td><td>transfer only, 200<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></td></x<1,80<>	00 gal/yr	transfer only, 200 <x<1,800 gal="" td="" yr<=""><td></td></x<1,800>	
both types, 140 <x<1,800< td=""><td></td><td>both types, 140<x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800></td></x<1,800<>		both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800>	
(constructed before 12/9/	91)	(constructed on or after 1219191)	
This is a correct facility clas	ssification	QA ON	
If no, please check the appr	opriate classification:		
		ermit as number above is not eligible for a general permit	
B. The total quantity of per		purchased within the preceding 12 months by	this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	ΘY ON
2. Examining the containers for leakage?	OY ON
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?	DY DN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY 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 refrience of the 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 musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete $\Lambda$ 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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	איאם אח אח
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בוץ בוא בוא/א
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	UY UN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	ШҮ ШИ
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring 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?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	רט עט אט ∧א
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	,
1.		
	Maintained receipts for perc purchased?	OY ON
2.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	OY ON
1		
1	Maintained rolling monthly averages of perc consumption?	
1	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	OY ON
3.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
3.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
3. 4. 5.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)	
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	
3. 4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	
3. 4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? **gor direct reading instruments only**  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	
3. 4. 5. 6. 7.	Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	

	(7)(.!-1					·	
2.	Which method of detection is used by the	-			/		
	Visual examination (condensed sol	vent on c	xterior surfaces)		<b>I</b>		
	Physical detection (airflow felt thro	ough gask	icts)	•	IZ		
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	If using direct-reading instrumer						
		4					
b. Calibrated against a standard gas prior to and after each use							
	(PID/FID only)?				UY U	N	
	UY U	И.					
	OY O	Ν					
	OY O	И					
3.	UY D	4					
4.	Does the responsible official check the fe	offowing	areas for leaks?				
	Hose connections, fittings, couplings, and valves	ŒΥ,	ШΝ	Muck cookers	DY.	ΠN	
	Door gaskets and scating	ZY	ПN	Stills	ØY	ПN	
	Filter gaskets and seating	ĽΖY	ΠN	Exhaust dampers	IJΥ	ПИ	
	Pumps	tΔY	ΠŃ	Diverter valves	ΔY /	ПИ	
	Solvent tanks and containers	ďΥ	ПN	Cartridge filter housings	ĊΙΥ	ПИ	
	Water separators	ĽΣΥ	ΠN				

Name of Responsible Official	
Todd Fletcher	01/02/97
Inspector's Name (Pleaso Print)	Date of Inspection
dad Thete	6/2/97
Inspector's Signature	Approximate Date of Next Inspection

	, P	P.15						VAILABLE CI	OPY ONG	-
1	Facility Owner/	4.	Show	ال	10 t	- <i>1</i> )4	vvic	arked		
1.		·								
2.	Site Name (For								·	
2.	,									
	ACE									
3.	Hazardous Was	÷							•	
	<u>FL</u>				-					
4.	Facility Location Street Address									
	City: OR/								2806	
5::	Facility Identifi									
12500000	27.7 7 10 14.5 5 128. 32.5 5 16.5 16.5 16.5 16.5 16.5 16.5 16.5								Consideration and the second s	
6.	Name and Title								/	
	EU								<del>/,</del>	
7.	*		,				ı			
	Organization/Fir Street Address:	m: ·5	AME							
	City:			Cour	ity:			Zip Co	ode:	
8.	Responsible Off Telephone: (	icial Telepho 407) 4				Fax: (	)	-		
						m Respons	ible Of	ficial)		
9.	Name and Title	of Facility C	ontact (Fo	or example	, plant n	nanager):				
,		-								
10.	Facility Contact	Address:								
	Street Address:									
	City:	_		County	y:			Zip Code:		
11.	Facility Contact	Telephone N	Number:			_				
	Telephone: (	)	-			Fax: (	)	-		
•										

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AUG 27 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ACE Quality Cleaners Corp.
	Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 981021694
4.	Street Address: 431 E. Michigan ST.  City: ORLANDO County: ORANDE Zip Code: 32806
	City: ORLANDO County: ORANPE Zip Code: 32806
5.	Facility Identification Number (DEP Use):
	7, 11 1 0950300 1. 1. 1. 0950300 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Responsible Official
6.	Name and Title of Responsible Official:
	Eugenia FARASI PRESIdent.
7.	Responsible Official Mailing Address:  Organization/Firm:
	Street Address: SAME
	City: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (407) 422-5735 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	·
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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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.

Type of Machine  Example	. ID	Machine Initially Purchased	Control Device Installed		Machine	Control		Machine	Cananal
Type of Machine		-							Control
	ID	Purchased	Installed		Initially	Device		Initially	Device
Example			mstaneu	ID	Purchased	Installed	ID	Purchased	Installed
1	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									•
(1) w/ ref. condenser	#	05-Adal-91	05-APR-91						
(2) w/ carbon adsorbe	-					·			
(3) w/ no controls									
Washer Unit		•	•		•				•
(4) w/ ref. condenser									
(5) w/ carbon adsorbe	•								
(6) w/ no controls									
Dryer Unit									to.
(7) w/ ref. condenser									
(8) w/ carbon adsorbe	•								
(9) w/ no controls									
Reclaimer Unit					<u>.</u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
(10) w/ ref. condenser	1								
(11) w/carbon adsorbe	r								
(12) w/ no controls									
<ul> <li>(b) Control devices a</li> <li>(c) No control devices</li> <li>2.(a) What was the tota</li> <li>70</li> <li>(b) If less than 12 mo Check why it is less</li> </ul>	s are regarded and gallon	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	X perc)	purchased in				
			based on the	e defi	initions found	d in section (3	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated condenser	IX ET
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the required	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[ X ]
(f) Start-up, shutdown, malfunction plan	<u> </u>

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

## Surrender of Existing Air Permit(s)

an "X" the appropriate selection:
eby surrender all existing air permits authorizing operation of the ity indicated in this notification form; specifically, permit number(s)
air permits currently exist for the operation of the facility indicated in notification form.
Responsible Official Certification
ed, am the responsible official, as defined in Part II of this form, of the facility addressed in I hereby certify, based on information and belief formed after reasonable inquiry, that the in this notification are true, accurate and complete. Further, I agree to operate and pollutant emissions units and air pollution control equipment described above so as to terms and conditions of this general permit as set forth in Part II of this notification form.
notify the Department of any changes to the information contained in this notification.
enne Frinces  B-22-96.  Date \$1-2-97

## **BEST AVAILABLE COPY**

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	g 0	COMPLAINT/DISCOVERY	2 6 town	
AIRS 10#: 0950300 D	ATE: 8/16/99	TIME I	N: 0845 TIME OUT	. 0905	
FACILITY NAME: Ace Quality Cleaners					
FACILITY LOCATION: 431 E. Michigan St.					
Orlando, FL 32806					
RESPONSIBLE OFFICIAL :	Eugenia Fo	iraji	PHONE: 407-422-	5735	
CONTACT NAME:	. '		PHONE:	· Ì	
PART I: NOTIFICATION		:			
(check appropriate box)					
1. New facility notified DARM 3				<b>a</b>	
2. Facility failed to notify DARM	1 to use general permit			D.	
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:		☐ No notification form	:/netroleum	
	n form that it is:		☐ No notification form ☐ Drop store/out of business	:/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	c 🗹 2.	New small :	☐ Drop store/out of business	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗹 2.	y-to-dry only	☐ Drop store/out of business  area source ☐  , x < 140 gal/yr	s/petroleum	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗹 2. r dr	y-to-dry only	☐ Drop store/out of business  area source ☐  , x < 140 gal/yr <,200 gal/yr	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗹 2. r dr tra bo	y-to-dry only insfer only, x th types, x <	☐ Drop store/out of business  area source ☐  , x < 140 gal/yr <,200 gal/yr	s/petroleum	
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)	c 2. r dr tra bo	y-to-dry only unsfer only, x th types, x < onstructed on	☐ Drop storc/out of business  area source ☐  , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	:/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e 2. r dr tra bo (cc	y-to-dry only unsfer only, x th types, x < onstructed on New Jarge :	☐ Drop storc/out of business  area source ☐  , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	e 2.  r dr  tra  bo  (co	y-to-dry only onsfer only, x th types, x < onstructed on New Jarge 2 y-to-dry only only only, 2	Drop storc/out of business area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-	e 2. r dry tra bo (co	y-to-dry only insfer only, x th types, x < onstructed on New Jarge a y-to-dry only insfer only, 2 th types, 140	Drop storc/out of business area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	e 2. r dry tra bo (co	y-to-dry only insfer only, x th types, x < onstructed on New Jarge a y-to-dry only insfer only, 2 th types, 140	Drop storc/out of business area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr source dry-to-	e 2.  r dr  tra  bo  (co	y-to-dry only, x th types, x < constructed on  New large a y-to-dry only ansfer only, 2 oth types, 140 constructed on	Drop storc/out of business area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility classical desired approximately approximately constructed before 12/9/91)	e	y-to-dry only, x th types, x < onstructed on New Jarge : y-to-dry only unsfer only, 2 oth types, 140 onstructed on	Drop storc/out of business  area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility classification of the second source of the second sou	e 2.  r dr  tra  bo  (co  e 4.  00 gal/yr dr  ogal/yr tra al/yr bo  assification	y-to-dry only, x th types, x < constructed on  New large : y-to-dry only ansfer only, 2 oth types, 140 constructed on  Y	Drop storc/out of business  area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text$	s/petroleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gr (constructed before 12/9/91)  5. This is a correct facility classification of the second source of the second sou	e 2.  r dr  tra  bo  (co  e 4.  00 gal/yr dr  ogal/yr tra al/yr bo  assification	y-to-dry only, x th types, x < constructed on  New large : y-to-dry only ansfer only, 2 oth types, 140 constructed on  Y	Drop storc/out of business area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text$	s/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?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OX ON:
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מאס אס אס
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאוש אם אם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete $\bf A$ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	1
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	י בא בא
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	ШΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	DΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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?	ΟΥ	ПN	□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	DИ	□N/Å

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DY DN
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;	RA ON ON/Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	DY DN BY/A
Problem corrected?	איאם אם אם
8. Maintained compliance plan, if applicable?	אלם אים גם

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MU, ON		
2. Has the facility maintained a leak log?			DAY CIN		
3. Does the responsible official check the fe	ollowing areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	מארם אם אם		
Water separators	MY ON ON/A				
4. Which method of detection is used by the	e responsible official?				
Visual examination (condensed so	lvent on exterior surfaces)				
Physical detection (airflow felt thr	ough gaskets)				
Odor (noticeable perc odor)	<b>a</b>				
Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)			
Halogen leak detector			9		
If using direct-reading instr	amentation, is the equipn	nent:	<b>T</b> N/A		
a. Capable of detecting r	oere vapor concentrations i	и a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter cach use	OY ON		
c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	DY DN		
d. Kept in a clean and so	ecure area when not in use	?	OY ON		
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	DY DN		
T 11 2 1		الم الم	GQ		
Ilka Bundy		8-16-			
Inspector's Name (Please Prin	nt)	Date of Insp	cction		
Alka Bunda		8-16-	2000		
Inspector's Signature	<del></del>	Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:	
	·
·	
·	
·	

8-19-99

## **Orange County Environmental Protection Department**

AIRS 10#: 0950300

Alc

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ace Que	ality Cleaner	5	DATE: 8-16-49
FACILITY LOCATION: 431 E.	Michigan St		
FACILITY LOCATION: 431 E.	10 FL 32806	,	
	,		
Annual Reporting Period:	/14 19	<u> 18</u> то <u>8-</u>	16 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		· ·	
If NO, complete the following:			
#1. Term or condition of the general permi	that has not been in continu	ous compliance during the r	eporting 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 permi	that has not been in continu	ous compliance during the r	eporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	·	·	
Method used to demonstrate compliance:	<u> </u>		· · · · · · · · · · · · · · · · · · ·
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.	and complete. Further, my o does not exceed 2,100 gallo	nnual consumption of perch	loroethylene solvent, based
RESPONSIBLE OFFICIAL: EUge Na	MIA FARAJI me (Please Print)	Engence Co	Date 8-16-99
		·	

\*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 \_\_\_\_

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL V	AINI/DISCOVERY RE-INSPECTION
TIME IN: 0845 TIME OUT: 0905	AIRS ID#: 0950300
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Ace Quality Cleaners	DATE: 8/16/99
FACILITY LOCATION: 431 E. Michigan St.	
Orlando, FL 3280	06
RESPONSIBLE OFFICIAL: Eugenia Faraji	PHONE NUMBER: 407-422-5735
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u></u>
	Symmetry
·	
	•
	<u> </u>
COMMENTS:	#**
Facility in Compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: 8/16/2	zimate)
てル。 R	undu
	Print)
	PHONE NUMBER: 836-9524
Page / o	<u>f</u>

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/_	over top of envelope to	old at line	₫		- {
Side	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you.</li> </ul>	can return this	I also wish to r following servi extra fee):		ai
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addre	ssee's Address	<u>Ş</u>
ther	■Write "Return Receipt Requested" on the mailpiece below the articl		2. 🗆 Restric	cted Delivery	
on #	The Return Receipt will show to whom the article was delivered an delivered.	a the date	Consult postm	aster for fee.	ceipt Se
completed o	3. Article Addressed to:  AIRS ID # 0950300	4a. Article N Z 33	umber 3 666	<i>3</i> 3/	æ
Ē	ACE QUALITY CLEANERS	4b. Service	Гуре		Return
-	EUGENIA FARAJI	☐ Registere	ed	Certified	
ESS	431 E MICHIGAN STREET	☐ Express I	Mail	☐ Insured	using
띩	ORLANDO FL 32806	Return Red	ceipt for Merchand	ise 🗆 COD	- 1
3N AD		7. Date of De	livery		you for
RETUI	5. Received By: (Print Name)	8. Addresses and fee is	e's Address (Oni paid)	ly if requested	Thank
5	6. Signature: (Addressee or Agent)				• }
s yo	X Eugene out (				
	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic R	eturn Receipt	. }

TEE Odd EEE States **US Postal Service Receipt for Certified Mail** AIRS ID # 0950300 ACE QUALITY CLEANERS EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

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

0361546

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** 

RECEIVED MAIL ROOM

FEB 23 99

Do NOT Remove Label

AIRS ID # 0950300

ACE QUALITY CLEANERS EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	Ol adolanua to dol tano auti is replaced.  SENDE:  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 so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spacemit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	I also wish to receive the following services (for an extra fee):  1.
ADDRESS completed on	AIRS ID # 0950300 ACE QUALITY CLEANERS EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806	4a. Article Number	
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811 December 1994	8. Addressed and fee is	e's Address (Only if requested paid)  Domestic Return Receipt

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ORLA	NDO FI	32806	CL I	
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Postage		\$		
Certified	Fee		_	
Special D	elivery Fee			
Restricted	d Delivery F			
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	Date Delive			
Whom & Return Rec	Date Delive ceipt Showing	to Whom,		
Whom & Return Rec Date, & Ad	Date Delive	to Whom, tress		

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(cut here)

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

0389961

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**

RECEIVED MAIL ROOM DEC 22 99

Do NOT Remove Label

AIRS ID # 0950300

ACE QUALITY CLEANERS EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806

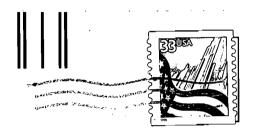
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273







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

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TURN ADDRESS completed on	3. Article Addressed to:  AIRS ID#: 0950300  ACE QUALITY CLEANERS CORP EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806  5. Received By: (Print Name)	7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery
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ACE QUALITY CLEANERS CORP EUGENIA FARAJI 431 E MICHIGAN STREET ORLANDO FL 32806 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Cobj.: 002273

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ACE QUALITY CLEANERS EUGENIA FARAJI **431 E MICHIGAN STREET** 

ORLANDO FL 32806

FOR GOVERNMENT-NISE ONLY:
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	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) Yes		
2. Article Number (Copy from service label)  22:10 (40) 945 7000 0600 0021 6527 0123			
PS Form 3811, July 1999	urn Receipt 102595-99-M-1789		



