

Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

July 28, 2000

Mr. Sylverain Ofortune Peppermint Cleaners 12397 South Orange Blossom Trail Orlando, Florida 32837

Re: Facility No.: 0950301-002

Dear Mr. Ofortune:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 2000.

Please note that in January 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/iw

cc: Ms. Marie Driscoll, Orange County

Grant, Patricia

From: Bowman, Sandy

Sent: Thursday, May 13, 2004 2:20 PM

To: Grant, Patricia

Subject: FW: Annual Operation Fees

Pat,

The following facilities will need to be inactivated. Thank you

Sandy Bowman Environmental Administrator Division of Air Resource Management 850/921-9583 or sandy.bowman@dep.state.fl.us

----Original Message----

From: John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]

Sent: Thursday, May 13, 2004 1:01 PM

To: Thomas, Bruce X.

Cc: Bowman, Sandy; Butler, Rick; Ilka.Bundy@ocfl.net; Jane.Heppner@ocfl.net;

Marie.Driscoll@ocfl.net

Subject: Annual Operation Fees

Hi Bruce:

Here is an update regarding the four facilities in Orange County that have not paid their Annual Operating Fees:

0951256 Southside \$1.50 Cleaners is under new ownership. The new R.O is Ashley Freeman. I have sent him an application which he will be submitting soon. The facility name remains the same.

0951242 Magic Touch Dry Cleaners has a new owner, Amir Memon. This facility is currently a drop store. Please inactive this facility in ARMS.

0951153 Mr. Clean Dry Cleaners is under new ownership. The new R.O. is Vibhavari Pankhania. I have provided him with an application which he will be submitting soon. The facility name remains the same.

0950301 Peppermint Cleaners is no longer using perchloroethylene (landlord forbids it's use), this facility has switched to a petroleum based solvent. Please inactivate this facility in ARMS.

If you have any questions please let me know.

John X. Parker

Environmental Specialist
Orange County Air Quality
Phone: (407) 836-1445
Fax: (407) 836-1498
<mailto:John.Parker@ocfl.net>

0950301-002

Spoke to Mr. Sylverain and he stated that the machine ras original purchased in 1989 and also has a chiller as a control device. Healso stated that no other family exist. (a) Existing should be eincled unda Control Device Regimed should have None Required "circled. 4. Existing machine at small area source p16 60 Required should be marked. 7. "No DEP air permits exist is should be Responsible official sign and date for changes made.

JUN 2 6 2000 PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORMereau of Air Monitoring

& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

_Fac	cility Name and Location		
l.	Facility Owner/Company Name (Name of corporation, agency, or indi-	vidual owner):	
5	SYLVERAIN US CORPORATION	•	
2.	Site Name (For example, plant name or number):		
	PEPPERMINT CLEANERS		
.3.	Hazardous Waste Generator Identification Number:		
4.	Facility Location: Southtchase plaza	-0-0	
	Street Address: 12397 South Orange Blosson City: ORlando County: Orange	Zip Code:	32837
6	Facility Identification Number (DEP/Use ONLY - do not fill in):		
	raciny identification Number (DEF OSE ONL) - do not in in).	$ \rho \sigma \sigma$	$\Delta 2\Delta L\Delta \alpha$
		レフラ	0301-002
	sponsible Official		
		WNER	
Nar	me: SYLVERAIN, OFFORTUNE Title: C	MEK	
7.	Responsible Official Mailing Address: 12397 South (orange B	lossom Trail
7.	Responsible Official Mailing Address: 12397 South C Organization/Firm: Street Address:	•	•
7.	Organization/Firm: Street Address:	•	Jossom Trail
	Organization/Firm: Street Address: City: ORlando County: ORange	•	•
7.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number:	Zip Code:	•
	Organization/Firm: Street Address: City: ORlando County: ORange	•	•
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (Zip Code:	•
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official)	Zip Code:	•
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (Zip Code:	•
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official)	Zip Code:	•
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official)	Zip Code:	•
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	Zip Code:	•
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:	Zip Code:	•
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:	Zip Code:	•
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 1438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	Zip Code:	•

DEP Form No. 62-213.900(2)

Facility Information

i.(a) DRY-TO-DRY M	•	1	
How many dry-to-dry ma	. •	· ·	
For each dry-to-dry macl	nine on-site, please	provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	Existing/Nev	w RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
CONTROL DEVICE K	EY: $RC = re$	frigerated condenser CA =	carbon adsorber
I.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	n-site? []	
1993, it is a NEW unit (n	o units purchased		December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	· ·
	Existing/New	RC/CA/None required	
· · · · ·	Existing/New	RC/CA/None required	· .
CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
	roethylene (perc) h ns (You must fill	nave you used within the last 12 nthis in)	nonths?
(b) If less than 12 mor	nths, how many? [] months	
Check why it is les	ss than 12 months:	New owner: [] Did not kee	p records: []
		New store: [] New machin	e []
		Unopened store [] (date of	expected opening)

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DEP Form No. 62-213.900(2)

3. What is the facility's source classif Indicate with an "X". Select one		n the definitions found in section (3) of Part II?
Small Area Source		
Dry-to-dry machin Transfer only on-si Both machine type	te	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	. []	
Dry-to-dry machin Transfer only on-si Both machine type	te	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is require (Indicate with an "X".)	ed on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at small (NONE REQUIRED) [area source	New machines at small area source Refrigerated condenser []
Existing machines at large at Carbon adsorber [Refrigerated condenser [rea source	New machines at large area source Refrigerated condenser []
	all steam and l	units shall not be eligible to use the general permit pursuant to twater generating units on-site meet the following (see attached memo for the criteria).
All steam and hot water generating u No such units on-site	inits exempt	OR
How many boilers do you have on-sit	te?	
For each boiler, indicate its horsepow	ver (HP) rating:	[15]
What type of fuel do you use?] propane] No. 2 fue] No. 6 fue	
6. Equipment Monitoring and Record	dkeeping Inform	nation
Check all logs which are required to	be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent pur	chases/solvent	addition log
(b) Leak detection inspection and rep	oair	
(c) Refrigerated condenser temperatu	re monitoring	[<u>X</u>]
(d) Carbon adsorber exhaust perc con	centration mo	nitoring []
(e) Startup, shutdown, malfunction p	olan	ن ا

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7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
<u> </u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
•	omptly notify the Department of any changes to the information contained in this notification.
	Colls 1 2000
Signature	Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

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Facility Name and 1. Facility Owne	I stares mas	roother La	moder with	₹ Ø —
SYLVERI	(a) Existing s	hould be a	ireledzunda	
2. Site Name (Fo		vie Robins	1.0.00	_
3. Hazardous W	"None Reg	uned wich	d should have	<u> </u>
4. Facility Local All Street Addres City: OR	4 Existing mo should be	chine at s	mall area sour	le_
5 ra Facility Inten	60 Required 1	ngt.	nhol	à
Responsible Offi 6. Name and T Name: SYLV	7. "No DEP as	r permits es	cit "should be	! e
7. Responsible Organizatio Street Addre	Risponsible	officialse	gn and date	Trail
City: O	for chong	es mode.		
8. Responsible Official T Telephone: (40)		Fax: () -	
Facility Contact (If differ	ent from Responsible Official			
9. Name and Title of Fac	ility Contact (For example, pla	int manager):	· .	
10. Facility Contact Addre	ss:			
Street Address: City:	County:		Zip Code:	
11. Facility Contact Telep Telephone: (none Number:	Fax: () -	

DEP Form No. 62-213.900(2) Effective: 2/24/99

JUN 2 6 2000 PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM reau of Air Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Nam	e and Location	· .			
1. Facility (Owner/Company Name	(Name of corpora	tion, agency, or indiv	idual owner):	
SYLVE	RAIN US	CORPORA	Tion		
2. Site Nam	e (For example, plant	name or number):			
PEPPE	ERMINT C	LEANER.	5		
3. Hazardou	s Waste Generator Ide	entification Number	:	-	
4. Facility L	ocation: Sout	ntchase	PLAZA	Tooil	
City:	ocation: Sout dress: 12397 Rlando	South Oran County:	nge 136550m Ovange	Zip Code: 32	837
5 Facility I	lentification Number:(DEP Use ONLY = a	do not fill in). 🖓 🖫		
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Responsible (<u> </u>
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Name: SYL	VERAIN OF	ORTUNE	Tille: O	WNER	
Organiza	ole Official Mailing Action/Firm:	idress: 1239	7 South 0	Range Bloss	om Trail
Street Ad City:	oress: D.Rlando	County: OR	ange	Zip Code: 328	37
	ole Official Telephone e: (40)) 438 -		· Fax: () -	
Facility Cont	act (If different from	Responsible Offici	al)		
9. Name and	Title of Facility Con	tact (For example, p	olant manager):		
10. Facility C	ontact Address:				
Street Ad	lress:				`
City:		County:	·	Zip Code:	
11 Facility C	ontact Telephone Nun	nher:			
Telephone	-		Fax: () -	
·		·			

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Effective: 2/24/99

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Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONLY	Υ .	
How many dry-to-dry ma	achines do you hav	ve on-site?	
For each dry-to-dry macl	hine on-site, please	provide the following information	1:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1999	Existing/New	w RC/CA None required	·
	Existing/Nev	w RC/CA/None required	<u> </u>
	Existing/Nev	w RC/CA/None required	· ·
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA = c	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
1	ana da uau haya a	on-site? []	
	as purchased from	the manufacturer prior to or on D	ecember 9, 1991, it is an EXISTING
If the transfer machine w unit. If the transfer machi 1993, it is a NEW unit (n	as purchased from ine was purchased to units purchased	the manufacturer prior to or on D	ecember 9, 1991 and September 22, wed to operate under this general
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	as purchased from ine was purchased to units purchased for machine on-site	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following info Control Device Required*	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	as purchased from ine was purchased to units purchased for machine on-site	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following info Control Device Required*	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	as purchased from ine was purchased to units purchased er machine on-site Status (circle one)	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following information (circle one)	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased	as purchased from ine was purchased to units purchased er machine on-site Status (circle one)	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following info Control Device Required* (circle one) RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
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If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	as purchased from ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = 6	ccember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")
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If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (near machine). For each transfer machine in the permit. The permit is a new permit in the per	as purchased from ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following information (control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser	ccember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (near machine). For each transfer machine in the permit. The permit is a new permit in the per	as purchased from ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = 6 Tave you used within the last 12 m this in) months New owner: [] Did not keep	ccember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber orecords: []
If the transfer machine w unit. If the transfer machine 1993, it is a NEW unit (near machine). For each transfer machine in the permit. The permit is a new permit in the per	as purchased from ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow, please provide the following information (control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required rigerated condenser	ccember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber orecords: []

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source class Indicate with an "X". Select of		on the definitions found in section (3) of Part II? only.)	
Small Area Source	· (X)	•	
Dry-to-dry mach Transfer only on Both machine ty	-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)	
Large Area Source	. [_]	••	
Dry-to-dry mach Transfer only on Both machine ty	-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)	
4. What control technology is requ (Indicate with an "X".)	ired on machines	s pursuant to section (5) of Part II of this notification form	ι?
Existing machines at sma (NONE REQUIRED)	Il area source	New machines at small area source Refrigerated condenser	
Existing machines at larg Carbon adsorber Refrigerated condenser	e area source	New machines at large area source Refrigerated condenser []	
Rule 62-213.300, F.A.C. Verify tl	hat all steam and l	units shall not be eligible to use the general permit pursu hot water generating units on-site meet the following e (see attached memo for the criteria).	iant (
All steam and hot water generating No such units on-site	g units exempt	OR 	
How many boilers do you have on	-site?		
For each boiler, indicate its horsep	ower (HP) rating:	الله الكان	
What type of fuel do you use?] propane] No. 2 fue] No. 6 fue		
6. Equipment Monitoring and Rec	ordkeeping Inform	mation	٠.
Check all logs which are required	to be kept on-site	e in accordance with the requirements of this general perm	nit:
(a) Purchase receipts and solvent p	ourchases/solvent	addition log	
(b) Leak detection inspection and	repair		
(c) Refrigerated condenser temper	ature monitoring	[<u>X</u>]	
(d) Carbon adsorber exhaust perc	concentration mo	onitoring []	
(e) Startup, shutdown, malfunctio	n plan	لكا	

DEP Form No. 62-213.900(2)

BEST AVAILABLE COPY

		·
7. 9	Surrender o	of Existing DEP Air Permit(s)
Ple	ase indicat	e with an "X" the appropriate selection:
-		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
		No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Re	sponsible (Official Certification
	this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
·	OFo	RTUNE SYLVERAIN e of responsible official
	Signature	10 June 10 Date 8/11/2000
		,

DEP Form No. 62-213.900(2) Effective: 2/24/99

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

MC5521







MARIE DRISCOLL
PROGRAM MANAGER
ENVIRONMENTAL PROTECTION DIVISION
800 MERCY DRIVE SUITE 4
ORLANDO FL 32808

32808X7850 21

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ORANGE COUNTY ENVIRONMENTAL PROTECTION DIVISION COMPLETED FOR	- Junchesses	Sa contral	lalis los a levice. Healis	endig
Facility Name and 1. Facility Owne	Stated Mad	no other for	mits exist	rces litoring
SYLVERI 2. Site Name (Fo	(a) Existing	should be	circled unda	
2. Site Name (For PEPPER	Status.	aria la c		
3. Hazardous W	"None Reg	funed und	d should have	
4. Facility Local \$16	4. Existing in	ochine at s	mall area source	2
City: ORi	. Stould be	marked.		
5 Facility Iden	60 Required 1	hold be in	artel.	002
Responsible Offi P17	7 "No DEPa	is serantes	ait "should be	
6. Name and T Name: SYLV	morbed.			
7. Responsible Organizatio	Responsible	e official se	ign and date	Trail
Street Addri City:	for chore	jes mode.	•	
8. Responsible Official Telephone: (40)		Fax: () -	
Facility Contact (If different	ent from Responsible Officia	al)		
	lity Contact (For example, p	-		
10. Facility Contact Address	SS:			
Street Address: City:	County:		Zip Code:	
11. Facility Contact Teleph Telephone: ()	one Number.	Fax: () -	

DEP Form No. 62-213.900(2) Effective: 2/24/99

JUN 2 6 2000 PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM of Air Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

_Fac	cility_Name and Location		
1.	Facility Owner/Company Name (Name of corporation, agency, or individual	lual owner):	
_ <	Site Name (For example, plant name or number):		
2.	Site Name (For example, plant name or number):		
	PEPPERMINT CLEANERS		
3.	Hazardous Waste Generator Identification Number:		
4.	Facility Location: Southtchase plaza	0	
	Street Address: 12397 South Orange Blussom	Proul	22237
	Street Address: 12397 South Orange Blossom City: ORlando County: Orange	Zip Code:	32001
5 :	Facility Identification Number (DEP/Use ONLY - do not fill in).		and the Edward State of
	,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	arr	271 - 2
		ソフレ	301-002
Res	sponsible Official		
6.	Name and Title of Responsible Official:		_
	me: SYLVERAIN OFFORTUNE Title: OU	UNER	
7.	Responsible Official Mailing Address: 12397 South OR Organization/Firm:	ange 8	blossom Trail
7.	Organization/firm: Street Address:	·	
7.	Organization/Firm:	·	32837
	Organization/Firm: Street Address: City: ORlando County: ORange	·	
7.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number:	Zip Code:	
	Organization/Firm: Street Address: City: ORlando County: ORange	·	
	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number:	Zip Code:	
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number:	Zip Code:	
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40)) 438 - 1328 Fax: (Zip Code:	
8.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40)) 438 - 1328 Fax: (cility Contact (If different from Responsible Official)	Zip Code:	
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40)) 438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	Zip Code:	
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40)) 438 - 1328 Fax: (cility Contact (If different from Responsible Official)	Zip Code:	
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8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 1438-1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:	Zip Code:	
8. Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 438-1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:	Zip Code:	
Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40) 1438-1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	Zip Code:	
Fac 9.	Organization/Firm: Street Address: City: ORlando County: ORange Responsible Official Telephone Number: Telephone: (40)) 438 - 1328 Fax: (cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County:	Zip Code:	

DEP Form No. 62-213.900(2)

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA(None required) Existing/New RC/CA/None required Existing/New Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Control Device Required* Date Control Device Installed Date Initially Purchased Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New -RC/CA/None required Existing/New RC/CA/None required CA = carbon adsorber *CONTROL DEVICE KEY: RC = refrigerated condenser2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [] S | gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [New store: New machine

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [] (date of expected opening

3. What is the fac Indicate with	ility's source clas an "X". Select o			ions found in sec	ction (3) of	Part II?	
Small A	rea Source	· [X]					
	Dry-to-dry mach Transfer only on Both machine typ	-site	(used less	than 140 gallons than 200 gallons than 140 gallons	of perc per	year)	
Large Ai	rea Source	. []					
	Dry-to-dry mach Transfer only on Both machine typ	-site	(used 200	- 2,100 gallons o - 1,800 gallons o - 1,800 gallons o	f perc per y	ear)	
4. What control to		ired on machines	pursuant to	section (5) of Pa	art II of this	notification	form?
	machines at sma REQUIRED)	II area source		lew machines at efrigerated cond		<u>source</u>	
Carbon a	machines at large adsorber ated condenser	e area source		lew machines at efrigerated cond		ource	
5. A facility which Rule 62-213.300, exemption criteria	F.A.C. Verify th	nat all steam and l	hot water ge	nerating units or	n-site meet		
All steam and hot No such units on-	-	g units exempt		OR .			
How many boilers	s do you have on-	site?					
For each boiler, in	ndicate its horsep	ower (HP) rating:	_ راکی ر_				
What type of fuel	do you use?] propane] No. 2 fue] No. 6 fue		No. 4 fuel Other (ple	oil		
6. Equipment Mo	nitoring and Reco	ordkeeping Inforr	mation				
Check all logs wh	nich are required	to be kept on-site	in accordan	ice with the requ	irements of	this general	l permit:
(a) Purchase recei	pts and solvent p	urchases/solvent	addition log		(X)		
(b) Leak detection	n inspection and r	repair					
(c) Refrigerated c	ondenser tempera	ature monitoring			[<u>X</u>]		
(d) Carbon adsorb	er exhaust perc o	concentration mor	nitoring		Ļ.	1.	
(e) Startup, shutd	lown, malfunction	n plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	RTUNE SYLVERAIN ne of responsible official
Signatura	Ofrue Sund 6/15/2000
Signature 	Ofwhile 2000

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

- Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	a
· · · · · · · · · · · · · · · · · · ·	RE-INSPECTION	ū		
AIRS ID#: 0950301-002	DATE: 8-11-0C) TIME I	N. 1019 TIME OFF.	1045
			N: 1 / I HAID OOT:	
FACILITY NAME: Pepp	ermint Cle	aners		
FACILITY LOCATION: 1	1397 South	Orange	Blossom Trail	:
	Irlando, Fl			
RESPONSIBLE OFFICIAL :	,			1328
			·	
CONTACT NAME.			INONE.	
PART 1: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	p		o o
2. Facility failed to notify DAR	M to use general perm	iť		a l
				· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	1			
Facility indicated on notificati	on form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of business/	/petrolcum
1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr d ti b	ransfer only, x both types, x <	, x < 140 gal/yr < 200 gal/yr	
3. Existing large area sourdry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr d 0 gal/yr tr gal/yr b	ransfer only, 20 both types, 140 constructed on	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	
5. This is a correct facility cla	assification (AY ON	□Can not determine	
If no please check the	appropriate classificati	ion:		

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

facility qualified for a general permit as number above

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

a

facility was

gallons.

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,		
1. Storing perchloroethylene in tightly sealed and impervious containers?	. MY ON ON/A		
2. Examining the containers for leakage?	DY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	CHY CIN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON BANA		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BN/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	v.		
If classification 2 has been checked, the machine should be equipped with a 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 refr (complete A and B below).	igerated condenser		
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:		
1. Equipped all machines with the appropriate vent controls?	ОУ ОИ		
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?	□У □И		
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?	ОУ ОИ		

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

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ely on	
2.	Has the facility maintained a leak log?	·		ØY ON	
3.	Does the responsible official check the f	following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	UY ON ON/A	Muck cookers	DY ON ON/A	
1	Door gaskets and seating	ØY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and scating	Y ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	MAN ON ON/A	Diverter valves	ZIY ON ON/A	
	Solvent tanks and containers	UY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	DY ON ON/A			
4. '	Which method of detection is used by the	ne responsible official?		,	
	Visual examination (condensed so	olvent on exterior surface	es)	ජ	
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)			প্র	
	Use of direct-reading instrumentat	tion (FID/PID/calorimet	ric tubes)		
	Halogen leak detector			a,	
	If using direct-reading instrumentation, is the equipment:				
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and	after each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and se	cure area when not in us	se?	□Y □N	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	מם צם	
		·	·	·	
	Ilka Bundy		8-11-00		
Inspector's Name (Please Print) Date of Inspection					
	Alka Bund		8-11-01		
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0950301-002

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 8-23-00 HB

FACILITY NAME: Peppermint Cleaners FACILITY LOCATION: 12397 South Orange Blossom Trail Orlando, FL 32837
FACILITY LOCATION: 12397 South Orange Blussom Irail
0-1 1- E1 32837
Urlando, FC 26031
Annual Reporting Period: July 28 2000 TO Aug 11 2000
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. YES NO
62-213.300, Plorida Administrative Code (r.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
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: SYLVERA DE OFORTUNE Signature Date

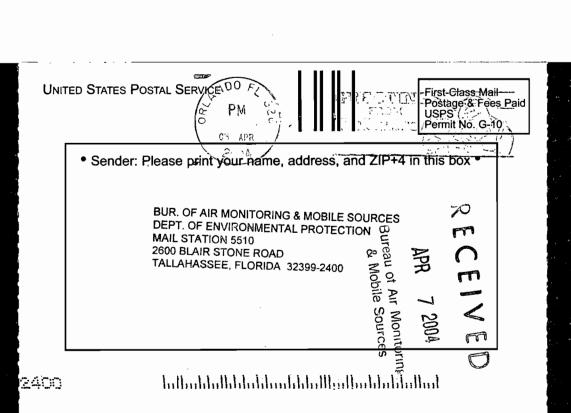
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [V] COMPL	AINT/DISCOVERY RE-INSPECTION			
TIME IN: 1019 TIME OUT: 1045	AIRS ID#: 0950301-002			
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Peppermint Cleaners	DATE: *8-11-00			
FACILITY LOCATION: 12397 South Orange Blo	ossom Trail			
Orlando, FL 32837				
RESPONSIBLE OFFICIAL: Sylverain Ofortune	PHONE NUMBER: 407-438-1328			
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).				
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
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Facility in compliance.	· · · · · · · · · · · · · · · · · · ·			
The Annual Compliance Certification form has been properly certified				
DATE OF NEXT INSPECTION: 8-11-01				
INSPECTION CONDUCTED BY: Ika Bundy				
INSPECTOR'S SIGNATURE: Ma Bunch PHONE NUMBER: 407-836-1400				
Page / c	Revised 10/96			

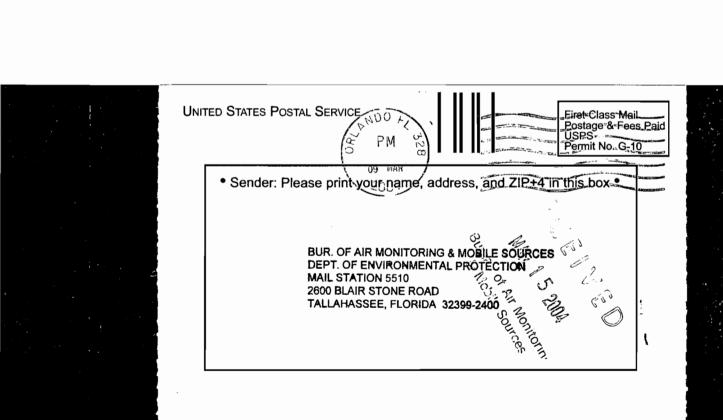
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7001	City, State, Zil	NO UD # OCOCCO	
{	PS Form 3800,	January 2001 See See Helverserver	يليس

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X	
PEPPERMINT CLEANER OFORTUNE SYLVERAIN	If YES, enter delivery address below: No	
12397 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32827 #0950301	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.	
Services , sterring	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7001 1140 0001 7556 4293 (Transfer from service label)		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540		



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	PS Form 3800, June 200	02	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature X
OFORTUNE SYLVERAIN PEPPERMINT CLEANER 12397 S. ORANGE BLOSSOM TRAIL	
ORLANDO, FL 32827	3. Service Type Description Mail
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2. Article Number (Transfer from service label)	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540



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) PEPPERMINT CLEANER	
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	gS Form 3800, June 2002 See Reverse for In	structions

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X		
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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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Bureau of Air Monitoring & Mobile Sources



CARM/MOBILE SOURCE CONTROL PROGRAM DEBT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2609 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0950301 PEPPERMINT CLEANER OFORTUNE SYLVERAIN 12397 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32827	A. Received by (Please Print Clearly) C. Signature. X of the Communication of the Communica			
	3. Service Type Certified Mail	ot for Merchandise		
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID # 0950301

PEPPERMINT CLEANER OFORTUNE SYLVERAIN 12397 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32827 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID#0950301

PEPPERMINT CLEANER OFORTUNE SYLVERAIN 12397 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32827 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

PEPPERMINI Cleaners 1239) S.O.B.T ORlando, Pl, 32837





TITLE V AIR GENERAL PERHITS
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1? ¹ ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0950301 PEPPERMINT CLEANER OFORTUNE SYLVERAIN	
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UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID # 0950301
PEPPERMINT CLEANER
OFORTUNE SYLVERAIN
12397 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL
32827

FOR GOVERNMENT USE ONLY

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

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ORLANDO FL 32827	3. Service Type Certified Mail
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DARM/MOBILE SOURCE CONTROL PROFESSION
DEPT. OF ENVIRONMENTAL PROTECTION TO MAIL. STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 950301

OFORTUNE SYLVERAIN PEPPERMINT CLEANER 12397 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32827

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