

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 18, 1996

Mr. Kisun Kim
President
Olympic Cleaners
2061 Bruton Boulevard
Orlando, Florida 32805

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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,

potty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2.	Site Name (For example, plant name or number):
3.	TILD 118669928
4.	Facility Location: Street Address: 2061 Bruton BLVd 2061 City: Orlando County: FL Zip Code: 32805
	Street Address: ZOO/ BYU7ON BUVA
	City: Orlando County: Fil Zip Code: 32005
5.	Facility Identification Number (DEP Use): 0950304
	Responsible Official
6.	Name and Title of Responsible Official: K'SUN K'M Mresident
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: Zob/ Bruton BLVd City: Orlando County: AL Zip Code: 32805
8.	Responsible Official Telephone Number: Telephone: (401) 849 -1314 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: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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

#.0950304

	Olympic Cleaners
-	Spoke with Kisun Kim -9/18/96- propane use approx. 7,200gal/yr, under limits
-p.14	1.(a) add date control device installed, if any 4. mark out "X" and initial
<i>P.1</i> 3	4. Mark out x' and incliai

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit								* · · .	na a Maria silages
(1) w/ ref. condenser	$\overline{}$	ot-404-91							<u> </u>
(2) w/ carbon adsorber		, ,							
(3) w/ no controls									
Washer Unit	200	de la la composition	or Laws 1			113	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4 1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.77			400					very bearing a
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							,		
Reclaimer Unit			estimate the	ri, ist	to profit to ex			** .# *	1.1.2.1
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are raquant	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	nitions found	·	3) of	Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#0950304

· • •
Olympic Cleaners
0.4777
-Spoke with Lisun Kim -9/18/96
5. propane – ~ 600 gal./mon. = 7,200 gal./yr.
'=7,200 gal./yr.
PM = 2.88 / b / yr
NOX=100.80 lb./yr. Co = 13.68 lb./yr.
100 = 13.68 Jb. Jur
TOC=3.60 lb.lyr.
1,00 <u>0,00 p./y.</u>
H
· · · · · · · · · · · · · · · · · · ·
·
i

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

Surrender of Existing Air Permit(s)

lease indica	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)
لكا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
<u>K</u> Signature	Date Date



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 July 2, 2001

David B. Struhs Secretary

Mr. Kisun Kim Olympic Cleaners 2061 Brutom Boulevard Orlando, Florida 32805

Dear Mr. Kim:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that Olympic Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0950304). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 100	TIME OUT:	200	AIRS ID#:O	950304
TYPE OF FACILITY:	Dry Cle	anev		
FACILITY NAME:	Olymon Cl	PENYV		_DATE: <u>5/30/97</u>
FACILITY LOCATION:	2061 Bru-	Ion Blue	\	
	Ovlando	Fl	32805	
RESPONSIBLE OFFICIAL:	KISUN Kim		PHONE NUMBER:	849-1314
Lund	the compliance requiremer Rule 62-213.300, Florida A			ility is found to be in
Based on the results of discrepancies were note	the compliance requiremends:	nts evaluated duri	ng this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM I	FOLLOW-UP ACTI	ON REQUIRED
				_
				
COMMENTS:				·
	Facility 1	u DrL	.V	
The Annual Compliance Certifi		rly certified and s	submitted to the inspector	. YES NO
DATE OF NEXT INSPECTION	N: 0/30	Approxim	ate)	
INSPECTION CONDUCTED) BY:	ODD F		
INSPECTOD'S SIGNATURE	. CHALL	-VIVIT	DHANE NUMBER	Q36-9524

Page of .

Revised 10/96

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Olympic Cleaners

1.	-Spoke with Kisun Kim -9/18/96- Propane use approx. 7,200gal/yr Under limits	·
2.		
	P.14 1.(a) add date control device	
3.	installed, if any	
4.	P.14 1.(a) add date control device installed, if any P.15 4. mark out "X" and initial	
•••		
		32005
5.		304
6.		
	en de la companya de	
7.		
		Code: 37805
8.		
_		
9.	Name and Title of Facility Contact (For example, plant manager).	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	
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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
COMPONATION	
2. Site Name (For example, plant name or number):	
OLYMPIC Cleaners	
3. Hazardous Waste Generator Identification Number:	
FILD 118669928	
,	
4. Facility Location:	
Street Address: Zoo/ BYU70 M BCV A	
4. Facility Location: Street Address: 2061 Bruton BLVd 206 City: Orlando County: FL Zip Code: 320	Ος
5. Facility Identification Number (DEP Use):	
	<u>,</u>
095.03	304
N The second state of the	Annual - Annual D Good St. Act.
Responsible Official	
6. Name and Title of Responsible Official:	
K'SUN K'M president	
· · ·	
7. Responsible Official Mailing Address: Organization/Firm:	}
Street Address: Xob/ Britton BLVd	
	7006
City: Orlando County: AL Zip Code: 3	X805
8. Responsible Official Telephone Number:	
Telephone: (μο)) δί49 -1314 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
7. I value and Thie of Facility Contact (For example, plant manager).	
10. Facility Contact Address:	
Street Address:	,
City: County: Zip Code:	•
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	
	EIVE
K E C	Par B A Par

AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			- (V	,)					
(1) w/ ref. condenser		ot-404-91	01-17451	\$ /		T			
(2) w/ carbon adsorber	/	03/1/2/	1	//					
(3) w/ no controls	<u> </u>								
Washer Unit			ı					<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		 -							
Dryer Unit			<u></u>	l		-	L		<u> </u>
(7) w/ ref. condenser			· ·	T .		T	Γ		
(8) w/ carbon adsorber		 				-			
(9) w/ no controls		 				_			
Reclaimer Unit		*		·		1		<u>-</u>	
(10) w/ ref. condenser		T	Ι	<u> </u>					
(11) w/carbon adsorber						-			
(12) w/ no controls		 				-		+	
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
(b) If less than 12 mont Check why it is less 3. What is the facility's so	than	12 months:	New owner: based on the	e defi					
(Indicate with an "X".					nall area sou	roe [1		
Existing small ar	ca 50	urce	INC	.w 511	iaii ai ca suu	ICC	J	•	
Existing large are	ea soi	urce []	Ne	w la	rge area sou	rce []		

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

	4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)					
	Existing large area source Carbon adsorber Existing Small a year Source Refidgerated Condenser					
	New small area source Refrigerated condenser					
	New large area source Refrigerated condenser []					
	5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:					
	All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
	All steam and hot water generating units exempt No such units on-site					
	Equipment Monitoring and Recordkeeping Information					
	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 purchases					
Ą	(b) Leak detection inspection and repair					
	(c) Refrigerated condenser temperature monitoring					
	(d) Carbon adsorber exhaust perc concentration monitoring					
	(e) Instrument calibration					
	(f) Start-up, shutdown, malfunction plan					

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the	appropriate	e selection:			•		
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
لكا	No air permits this notificatio	-	kist for the operation	of the facility indic	cated in			
		Resp	oonsible Official Co	ertification				
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 pro	mptly notify the L	Department (of any changes to th	e information conta	ined in this r	notification.		
K Signature	Ki S	<u> </u>	KA	Date (5)) }	<u> </u>		

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TTOLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ABBUAL. RE-INSPECTION	LI	COMPLAINT/DISCOV	ZERY CJ
AIRS ID#: <u>0950300</u> FACILITY NAME: FACILITY LOCATION:		Jeaner ton	s Blue	
PARTI: NOTIFICATION			,	
(check appropriate box)	**************************************			/
1. Existing facility notified I	DARM by 9/1/96			图
2. New facility notified DAI	•			C1
3. Facility failed to notify D	ARM to use general peri	mit		ü
PART II: CLASSIFICAT	ION	- w		
Facility indicated on notifi (check appropriate box)	cation form that it is:			
A. J. Existing small area and dry-to-dry only, x<140 g transfer only, x<200 galloth types, x<140 gal/yr (constructed before 12/9)	al/yr /yr	dry-to-dry or transfer only both types, x	II area source ily, x<140 gal/yr , x<200 gal/yr <140 gal/yr on or after 12/9/91)	ני
3. Existing large area dry-to-dry only, 140 <x< transfer only, 200<x<1, both types, 140<x<1,80 (constructed before 12/9</x<1,80 </x<1, </x< 	2, 100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry o transfer only both types,	ge area source nly, 140 <x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">I on or after 12/9/91)</x<1,800></x<1,800></x<2,>	כז
This is a correct facility of	assification	Cary Ci	4	
If no, please check the ap	propriate classification;			
☐ facility o	qualified for a general pe exceeds above limits and	rmit as numbo is not cligible	rabove for a general permit	
B. The total quantity of p	erchloroethylene (perc) j	outchased wit	hin the preceding 12 month	hs by this dry eleaning

Revised 10/28/96

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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?	LJY JUNI
2. Examining the containers for leakage?	UY KIN
3. Closing and securing machine doors except during loading/unloading?	UY UN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	UY UN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חג חא תאיע
PARTIV: 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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimatelled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete Δ 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?	ÜY ÜN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY UN UN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	UY UN CIN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ПА ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7	טץ טא
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	UY UN

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[
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?	UIY	ľ.114	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	IJΥ	UИ	
	Is the temperature differential equal to or greater than 20° F7	ÜΥ	UN	
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	ÜN	ŪΝ/Λ
	Is the perc concentration equal to or less than 100 ppm?		ПИ	
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?	ШY	LIN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜN	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	אט	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for pere purchased?	CHY DE CO			
2. Maintained rolling monthly averages of perc consumption?	CAY CIN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 lns? or;	MY UN			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	פוץ טא			
4. Maintained calibration data? for direct reading instruments only)	מא מא מאיע			
5. Maintained exhaust duct monitoring data on perc concentrations?	UY UN A/A			
6. Maintained startup/shutdown/malfunction plan?	1411 740			
7. Maintained deviation reports?	AZ. UN			
Problem corrected?	MY UN			
8. Maintained compliance plan, if applicable?	רוא חוא האיו			

	/
PART VI: LEAK DETECTION AND REPAIRS	
1 Description of the control of the	Service of Manager of Manager
1. Does the responsible official conduct a weekly leak detection and repair inspection?	7 014

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2.	Which method of detection is used by the	e responsi	ble offici	al?		
	Visual examination (condensed sol	vent on e:	sterior si	irfaces)	w,	
	Physical detection (airflow felt thro	ogh gask	cts)	•	El/	i
	Odor (noticeable pere odor)				עי	
	Use of direct-reading instrumentation	NGET) noi	יוD/calor	rimetric tubes)	[]	
	If using direct-reading instrumer	itation, is	the equ	ipment:		
	a. Capable of detecting pe	cic vapor	concenti	ations in a range of 0-500 ppm?	CIY CI	4
	b. Calibrated against a statement(PID/FID only)?	andard ga	s prior to	and after each use	UY UI	М
	c. Inspected for leaks and	l obvious	signs of	wear on a weekly basis?	DY O	P4
	d. Kept in a clean and se	сите атеа	when no	t in use?	CIY CI	N
	e. Verified for accuracy t	by use of c	Implicate	samples (calorimetric only)?	CIY_CI	17
3.	Has the facility maintained a leak log?				ल्यर ।	14
4.	Does the responsible official check the l	ollowing	areas for	Teaks?		
	Hose connections, fittings, couplings, and valves	cry	MO	Muck cookers	ыÝ	ПN .
	Door gaskets and seating	LIY	ЮΝ	Stills	ĽÝ.	ПИ
) }	Filter gaskets and scating	CAY.	ИП	Exhaust dampers	CAY	UIN
	Pumps	ŒΥ	ШN	Diverter valves	LY	UM
	Solvent tanks and containers	ØΥ	UN	Cartridge filter housing	s UX	N
	Water separators	UZY	אט			

Name of Responsible Official

Todd Fletcher

Inspequor's Hame (Please Print)

Juspector's Signature

5/30/98
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0950304 Let K CORPORATION KISUN KIM 2061 BRUTON BLVD ORLANDO FL 32805 Do NOT Remove Label 8/26/96 Annual Reporting Period: Do NOT Remove Label 19/2 TO 19/3 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule

TENTO		70
If NO, complete the following:		R TT
#1. Term or condition of the general permi	t that has not been in continuous compliance during the	원의 /
Exact period of non-compliance: from	to	Air N
•		onlit o
Action(s) taken to achieve compliance:	•	
Action(s) taken to achieve compliance: Method used to demonstrate compliance:		Sources S
Method used to demonstrate compliance:	t that has not been in continuous compliance during the	·
Method used to demonstrate compliance: #2. Term or condition of the general permit	t that has not been in continuous compliance during the	·
Method used to demonstrate compliance:		·
Method used to demonstrate compliance: #2. Term or condition of the general permit Exact period of non-compliance: from		·

*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.

Signature

Name (Please Print)

KISUN

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAI	NT/DISCOVERY	RE-II	NSPECTION [
TIME IN: 11:45	TIME OUT:	12:15	AIRS ID#:	0950	304
FYPE OF FACILITY:	Dry Clean	Le V			
FACILITY NAME:	Olympic C	leaner		DATE:_	6/12/98
FACILITY LOCATION:	2061 Rru	ton P	Slvd		
	Orlanda	FI	3 2805		•
RESPONSIBLE OFFICIAL:	Kisun Kim		PHONE NUMBE	R: 407	849-1314
Based on the results of the compliance with DEP Ru	•		uring this inspection, the fa	acility is foun	d to be in
•	e compliance requiremen		iring this inspection, the fo	ollowing com	pliance
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW-UP ACT	TION REC	UIRED
7					
				·	
3				B	REC
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
+		·		Mobile ?	29 7
				Sil Co	EIVEU M 29 1998
	· · · · · · · · · · · · · · · · · · ·				:
COMMENTS:					
	Facility	in (Compliano	ie	
The Annual Compliance Certification	tion form has been prope	rly certified an	d submitted to the inspect	or. YE	s NO
DATE OF NEXT INSPECTION	V: 6/12	Approxi	mate)		
INSPECTION CONDUCTED I	BY: TODD	Please I	cher		
INSPECTOR'S SIGNATURE:	tolletil	at	PHONE NUMBE	R: 82	6-9524

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	α	INCOL	TITLE	A NT
TYPE	Or.	THOLE		VIV.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

Ü

		S 2 4
AIRS ID#: <u>0956304</u> DA	TE: 6 12 98 TIME IN: 1	1:45 TIME OUT: 12 3 5
FACILITY NAME:	pmic Cleaners	
FACILITY LOCATION:	2001 Bruton	Blud.
	·Orlando Fl	37805
		ONE: 407-849-1314
	PH	
CONTACT MAINE:	111	ONE:
PART I: NOTIFICATION		(Shirth V Tring V S 1244 Varyabadora's V 12mg M Shirth Clebrus III and Abeyr (1) haden and middle C colored by
(check appropriate box)		
1. New facility notified DARM 30	davs prior to startup	٥
2. Facility failed to notify DARM	• •	٥
PARTH: CLASSIFICATION	A STATE OF THE STA	WARRIET WARRANT TO THE TOTAL THE TOT
Facility indicated on notification (check appropriate box)		No notification form Drop store/out of business/petroleum
λ.		
1. Existing small area source dry-to-dry only, x < 140 gal/yr		il il
transfer only, x < 200 gal/yr	transfer only, $x < 20$	0 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 g (constructed on or a	
3. Existing large area source	e □ 4. New large area	source 🗆
dry-to-dry only, $140 \le x \le 2,10$	00 gal/yr dry-to-dry only, 140	$\leq x \leq 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga		
(constructed before $12/9/91$)	(constructed on or a	
5. This is a correct facility class	ssification OY ON O	Can not determine
If no, please check the ap		
	 qualified for a general permit as numb exceeds above limits and is not eligible 	
ll .	oethylene (perc) purchased within the p	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ONA 2. Examining the containers for leakage? CIÝ ON ON/A 3. Closing and securing machine doors except during loading/unloading? CIÝ CIN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? THY LIN LINIA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? CIY CIN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ONIA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

2 of 5

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	СÌҮ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	טא ט	1N/A
	Is the temperature differential equal to or greater than 20° F7	ΠY	□и□	IN/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?	CΙΥ		\ \ \
	Is the perc concentration equal to or less than 100 ppin?	ΠY		AVNE
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?	ПΥ		IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ם א כ	A/AC
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ם א כ	A/AC

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 UN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאט אט אט אט
 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)	איאם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	OY ON BINIA
Problem corrected?	ON ON BIN'Y
8. Maintained compliance plan, if applicable?	OY ON DAN/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?			ETY ON		
2.	Has the facility maintained a leak log?			CHY CIN		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	ON ON/A		
	Door gaskets and scaling	מא מא מאיע	Stills	מאום אום אום		
	Filter gaskets and scating	DY ON ONA	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	BA ON DWY	Cartridge filter housings	UY ON ON/A		
	Water separators	DAY ON ONIV				
4.	Which method of detection is used by t	he responsible official?		/		
	Visual examination (condensed s	olvent on exterior surface	es)	□ r		
	Physical detection (airflow felt th					
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector			ر 🗖		
	If using direct-reading inst	rumentation, is the equi	pment:	Cari/A		
	a. Capable of detecting	OY ÜN				
	b. Calibrated against a (PID/FID only)?	DY DN				
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in u	isc?	CIY CIN		
	e. Verified for accuracy	מם עם				
-						
-	Inspector's Name (Please Print) Date of Inspection					
	dold Allel 6/12/99					
	Inspector's Signature Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:						
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	·					
	•					

PERCHLOROETHYLENE DRY CLEANERS RECEIVED

COMPLIANCE INSPECTION CHECKLIST

MAY 2 4 1999

TYPE OF INSPECTION: ANNUARE-INS	AL PECTION	년 	COMPLAINT/DISCOV	3r€au of Air Monitoring & Mobile Sources
AIRS 10#: 095030 PDATE:			1: <u>0905</u> time ou	DT: 0930
FACILITY NAME: Olympic	_		·	<u>.</u>
FACILITY LOCATION: 2061	Bruton	Blvd		.
Orland	10 FL 3	280,5		
responsible official: Kisun			PHONE: 407-849-	-1314
CONTACT NAME:			PHONE:	
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 form ☐ Drop store/out of busine	ess/petroleum
	dry-to- transfe both ty	dry only, r r only, x < pes, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate facility qualified	dry-to- transfe both ty (constr	dry only, r only, 20 pes, 140 pucted on o	rea source \square $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $\square \text{Can not determine}$ $\square \text{mber } \underline{\qquad} \text{above}$ ible for a general permit	
B. The total quantity of perchloroethylene facility was(g) gallons.				his dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A				
2. Examining the containers for leakage?	DY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	ΩΎ □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ONA				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WNA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:	l.				
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 refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	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?	מם עם				
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				

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?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□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	ИΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
_	To the draw of the draw of the second second and the second secon			
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

P	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ON DN			
2.	Has the facility maintained a leak log?			•	MD AM			
3.	Does the responsible official check the	following area	s for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON C	IN/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	QY ON C	IN/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON C	IN/A	Exhaust dampers	MY ON ON/A			
	Pumps	QY ON C	IN/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	QY ON C	IN/A	Cartridge filter housings	DY ON ON/A			
	Water separators	MY DN C	IN/A	•	4.14°			
4.	Which method of detection is used by	the responsible	official?		/			
	Visual examination (condensed s	olvent on exter	rior surfaces)		र्ष			
	Physical detection (airflow felt th	rough gaskets))					
	Halogen leak detector							
	If using direct-reading instr	rumentation, i	s the equipn	ient:	DN/A			
	OY ON							
	□Y □N							
	c. Inspected for leaks a	nd obvious sign	ns of wear on	a weekly basis?	DY DN			
	d. Kept in a clean and s	ecure area who	n not in use	?	DY DN			
	e. Verified for accuracy	by use of dupl	icate sample:	s (calorimetric only)?	OY ON			
	<u>.</u>	· .		•				
-								
		. *	, .					
	Ilka Bundy	-1		5-14-99				
_	Inspector's Name (Please Pri	nt)		Date of Inspe	ection			
	_ 1				~			
_	Illea Bunch			5-14-20				
	Inspector's Signature			Approximate Date of	Next Inspection			

DDITIONAL SITE INFORMATION:	A STATE OF THE STA
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸 COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0905	TIME OUT: 0930	AIRS ID#:	95030\$4
TYPE OF FACILITY: D_{r}	1 Cleaner		
	pic Cleaners		DATE: 5-14-99
	2061 Brutun Blud		
	Orlando , FL 32805		
RESPONSIBLE OFFICIAL:	Kisun Kim	PHONE NUMBER:	407-849-1314
	the compliance requirements evaluat Rule 62-213.300, Florida Administrat		lity is found to be in
Based on the results of discrepancies were not	the compliance requirements evaluated:	ed during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
-			
<u>-</u>			
			•
•		,	
COMMENTS:			
Facility in	n compliance.	. · ·	,
The Annual Compliance Certification DATE OF NEXT INSPECTION	cation form has been properly certific	ed and submitted to the inspector. $/2000$	YES NO
Z. T. Z. T. Z. T. M. S. Z. T.	(Apr	proximate)	ý
INSPECTION CONDUCTED		aundy	
INSPECTOR'S SIGNATURE	111. R. P	ase Print)PHONE NUMBER:	836-9524
	Page 1	_of	Revised 10/96

AIRS ID#: _095 0304

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FORM Thora 5 6-16-00 Olympic Cleaners DATE: 5-12-00 FACILITY NAME: FACILITY LOCATION: 2061 Bruton Blud. Orlando, FL 32805 20 1999 TO _____ May Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: 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: KISUM KIY Name (Please Print)

^{*}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 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1050 TIME OUT: 1110	0 AIRS 1D#: 0950304
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Olympic Cleaners	DATE: 5-12-00
FACILITY LOCATION: 2061 Bruton Blud.	
Orlando, FL 32805	·
RESPONSIBLE OFFICIAL: Kison Kim	PHONE NUMBER: 407-849-1314
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· -	
e	
	7
•	
·	;
	* · · · · · · · · · · · · · · · · · · ·
·	
Facility in compla	ince.
The Annual Compliance Certification form has been properly certification	· ·
BILL OF HEAT HIGH BOLLOW	0-12-01 proximate)
INSPECTION CONDUCTED BY: IKA	Bundy
INSPECTOR'S SIGNATURE: Mrs Burnon	ease Print) PHONE NUMBER: 407-836-1400
Page	of Revised 10/96

	COMPLIANCE II	NSPECTION (ARMS
TYPE OF INSPECTION:	ANNUAL	i ta	COMPLAINT/	DISCOVERY	- 5-12-16
	RE-INSPECTION	N D			Thura5 6-10-00
AIRS ID#: 0950304	•		IN: 1050	TIME OUT: _	1110
FACILITY NAME:					
FACILITY LOCATION: 2	061 Bruton	<u>n Blud.</u>			<u>.</u>
_(Irlando,	FL 3280)5		
RESPONSIBLE OFFICIAL :	Kisun Kin	n	_PHONE: 40	7-849-13	14
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		_ PHONE:		
		· 			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to start	up		70	0
2. Facility failed to notify DAR	M to use general perr	nit	Burea &		
			Mo o	Zm	
PART II: CLASSIFICATION	٧		Air	N	
Facility indicated on notificate (check appropriate box) A.	on form that it is:		☐ No notificati	on form ut of business/pe	troleum
1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/уг	transfer only, x both types, x <	/, x < 140 gal/yr x < 200 gal/yr		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	area source $7, 140 \le x \le 2,100$ $100 \le x \le 1,800$ gal/y $10 \le x \le 1,800$ gal/y a or after $12/9/91$	l/yr .	
5. This is a correct facility c	lassification	Y ON	□Can not deter	mine	
	ity qualified for a gen ity exceeds above lim	eral permit as n its and is not el	igible for a general	·	eleaning
facility was 39 gallons		onasou within t	no proceeding 12 III	onuis by unsury	Civaninig

1 of 5

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ØY. ON ON/A 2. Examining the containers for leakage? ØY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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 DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON 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 DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY ON

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes) /				
1. Maintained receipts for perc purchased?	Dy On			
2. Maintained rolling monthly total of perc consumption?	DIY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or,	ØY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	UY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	□y □n ⊠n/a			
6. Maintained startup/shutdown/malfunction plan?	אם אם			
7. Maintained deviation reports?	איאוק אים אם אים			
Problem corrected?	OY ON ØNJA			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			MY ON
2. Has the facility maintained a leak log?			ey on
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	dy on on/a	Exhaust dampers	MY ON ON/A
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	DY ON ON/A	•	
4. Which method of detection is used by t	he responsible official?		. /
Visual examination (condensed s	olvent on exterior surfaces	3)	र्व
Physical detection (airflow felt th	rough 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:			
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	יים אם אם
-	ecure area when not in use	-	OY ON
·	by use of duplicate sampl		OY ON
-			
		<u> </u>	
Ilka Bundy 5-12-00			
	Inspector's Name (Please Print) Date of Inspection		
Ille Bund		5-12-01	

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
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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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 22 97

Do NOT Remove Label

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Fund: 20-2-035001 Оы.: 002273



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KISUN KIM

AIRS ID 0950304

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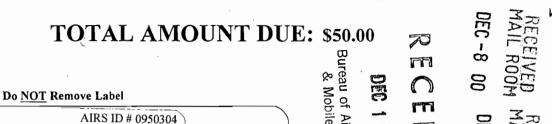
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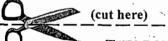
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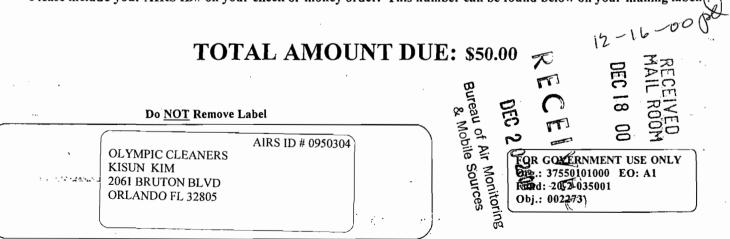
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