0950305

Department of Environmental Protection

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

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

September 23, 1996

Mr. Kasu Ghani
President
Superior Cleaners
2131 Americana Boulevard
Orlando, Florida 32839

Dear Mr. Ghani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is $50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

0950305

P. 14

1. (a) add date control device installed

1. (c) should not be marked

3. new small area source Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   SHAHEEN VENTURES INC
2. Site Name (For example, plant name or number):
   2131 SUPERIOR CLEANERS AMERICANA
3. Hazardous Waste Generator Identification Number:
   FLD 982093031 GAD 981269095
4. Facility Location:
   Street Address: 2131 AMERICANA BLVD.
   City: ORLANDO County: ORANGE Zip Code: 32839
5. Facility Identification Number (DEP Use): 550205 0950305
   FLD 982093031 GAD 981269095

Responsible Official

6. Name and Title of Responsible Official:
   KASU, GHANI PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm: SUPERIOR CLEANERS
   Street Address: 2131 AMERICANA BLVD.
   City: ORLANDO County: ORANGE Zip Code: 32839
8. Responsible Official Telephone Number:
   Telephone: (407) 859-6583 Fax: (407) 856-1999

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME
10. Facility Contact Address:
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 29 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.

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-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	19JAN96	NONE						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(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 [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[80] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

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 [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [X]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 [X]

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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [X]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

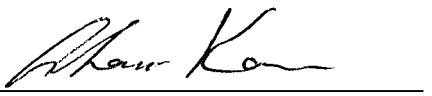
[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

8-24-96

Date

Please print or type
(Form designed for use on elite (12-pitch) typewriter)

Emergency Contact Telephone Number

Form Approved. OMB No. 2050-0039 Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. FLD 982 093 031 | Manifest Document No. 48453 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Shaheen Ventures, Inc DBA Superior Cleaners 111-0173
2131 Americana Blvd, ORLANDO FL 32809
4. Generator's Phone (407) 859-6583 County: Orange Ter. 3WF

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: MCF Systems Atlanta, Inc.
6. US EPA ID Number: GAD981269095
C. State Transporter's ID
D. Transporter's Phone (770) 593-9434

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
MCF Systems Atlanta, Inc.
5353 Snapfinger Woods Drive
Decatur, Georgia 30035
10. US EPA ID Number: GAD981269095
G. State Facility's ID
H. Facility's Phone (770) 593-9434

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE TETRACHLOROETHYLENE; 6.1; UN1897; III (Standard Filters_____) (DOT-E 10161)	X		D.F.		P	F002/ D039
b. RQ WASTE TETRACHLOROETHYLENE; 6.1; UN1897; III (Split _____ Jumbo _____)	X		D.M.		P	F002/ D039
c. RQ WASTE TETRACHLOROETHYLENE; 6.1; UN1897; III (Still Bottom Liquid : ____15 Gal, ____30 Gal, ____ 55 Gal)	X		D.M.		P	F002/ D039
d. RQ WASTE TETRACHLOROETHYLENE; 6.1; UN1897; III (S.B. Powder/Sludge 1 15 Gal, ____30 Gal, ____ 55 Gal)	X	01	D.M.	150	P	F002/ D039

J. Additional Descriptions for Materials Listed Above
P8590
CK#1457

K. Handling Codes for Wastes Listed Above
M051, M052, M053, S01 S02, T54, T65, T07, T16

15. Special Handling Instructions and Additional Information
The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (Incineration), which is 0.05 mg/L for spent tetrachloroethylene solvent wastes, and cannot be land disposed. If undeliverable return to generator. In case of emergency or spill, contact MCF Systems Atlanta, Inc. (800) 828-3240.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR,** if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: GHAN KAJA | Signature | Month 2 Day 14 Year 96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Conrad Anthony | Signature | Month 2 Day 14 Year 96

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Month Day Year

EPA Form 8700-22 (Rev. 9-94) Previous edition obsolete

GENERATOR'S COPY

7-BLC-M5 (Rev. 9/94)

U.S. EPA Form 8700-22

Read all instructions before completing this form.

This form has been designed for use on a 12-pitch (elite) typewriter; a firm point pen may also be used – press down hard.

Federal regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, and disposal facilities to use this form (8700-22) and, if necessary, the continuation sheet (Form 8700-22A) for both inter- and intrastate transportation.

Federal regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage and disposal facilities to complete the following information:

GENERATORS

Item 1. Generator's U.S. EPA ID Number – Manifest Document Number

Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this Manifest (e.g., 00001) by the generator.

Item 2. Page 1 of –

Enter the total number of pages used to complete this Manifest, i.e., the first page (EPA Form 8700-22) plus the number of Continuation Sheets (EPA Form 8700-22A), if any.

Item 3. Generator's Name and Mailing Address

Enter the name and mailing address of the generator. The address should be the location that will manage the returned Manifest forms.

Item 4. Generator's Phone Number

Enter a telephone number where an authorized agent of the generator may be reached in the event of an emergency.

Item 5. Transporter 1 Company Name

Enter the company name of the first transporter who will transport the waste.

Item 6. U.S. EPA ID Number

Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.

Item 7. Transporter 2 Company Name

If applicable, enter the company name of the second transporter who will transport the waste. If more than two transporters are used to transport the waste, use a Continuation Sheet(s) (EPA Form 8700-22A) and list the transporters in the order they will be transporting the waste.

Item 8. U.S. EPA ID Number

If applicable, enter the U.S. EPA twelve digit identification number of the second transporter identified in item 7.

Note.–If more than two transporters are used, enter each additional transporter's company name and U.S. EPA twelve digit identification number in items 24-27 on the Continuation Sheet (EPA Form 8700-22A). Each Continuation Sheet has space to record two additional transporters. Every transporter used between the generator and the designated facility must be listed.

Item 9. Designated Facility Name and Site Address

Enter the company name and site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the company mailing address.

Item 10. U.S. EPA ID Number

Enter the U.S. EPA twelve digit identification number of the designated facility identified in item 9.

Item 11. U.S. DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA)]

Enter the U.S. DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA) for each waste as identified in 49 CFR 171 through 177.

Note.–If additional space is needed for waste descriptions, enter these additional descriptions in item 28 on the Continuation Sheet (EPA Form 8700-22A).

Item 12. Containers (No. and Type)

Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I – Types of Containers

DM = Metal drums, barrels, kegs	CY = Cylinders
DW = Wooden drums, barrels, kegs	CM = Metal boxes, cartons, cases (including roll-offs)
DF = Fiberboard or plastic drums, barrels, kegs	CW = Wooden boxes, cartons, cases
TP = Tanks portable	CF = Fiber or plastic boxes, cartons, cases
TT = Cargo tanks (tank trucks)	BA = Burlap, cloth, paper or plastic bags
TC = Tank cars	
DT = Dump truck	

Item 13. Total Quantity

Enter the total quantity of waste described on each line.

Item 14. Unit (Wt./Vol.)

Enter the appropriate abbreviation from Table II (below) for the unit of measure.

Table II – Units of Measure

G = Gallons (liquids only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic meters

Item 15. Special Handling Instructions and Additional Information

Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. States may not require additional, new, or different information in this space. For international shipments, generators must enter in this space the point of departure (City and State) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.

Item 16. Generator's Certification

The generator must read, sign (by hand), and date the certification statement. If a mode *other than* highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode *in addition to* the highway mode is used, enter the appropriate additional mode (e.g., *and rail)* in the space below.

Primary exporters shipping hazardous wastes to a facility located outside of the United States must add to the end of the first sentence of the certification the following words "and conforms to the terms of the EPA Acknowledgment of Consent to the shipment."

In signing the waste minimization certification statement, those generators who have not been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002(b) of RCRA are also certifying that they have complied with the waste minimization requirements.

Generators may preprint the words, "On behalf of" in the signature block or may hand write this statement on the signature block prior to signing the generator certifications.

Note.–All of the above information *except* the handwritten signature required in item 16 may be preprinted.

TRANSPORTERS

Item 17. Transporter 1 Acknowledgement of Receipt of Materials

Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Item 18. Transporter 2 Acknowledgement of Receipt of Materials

Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Note.–International Shipments – Transporter Responsibilities.

Exports–Transporters must sign and enter the date the waste left the United States in item 15 of Form 8700-22.

Imports–Shipments of hazardous waste regulated by RCRA and transported into the United States from another country must upon entry be accompanied by the U.S. EPA Uniform Hazardous Waste Manifest. Transporters who transport hazardous waste into the United States from another country are responsible for completing the Manifest (40 CFR 263.10(c)(1)).

OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES

Item 19. Discrepancy Indication Space

The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any significant discrepancy between the waste described on the Manifest and the waste actually received at the facility.

Owners and operators of facilities located in unauthorized States (i.e., the U.S. EPA administers the hazardous waste management program) who cannot resolve significant discrepancies within 15 days of receiving the waste must submit to their Regional Administrator (see list below) a letter with a copy of the Manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72 and 265.72).

Owners and operators of facilities located in authorized States (i.e., those States that have received authorization from the U.S. EPA to administer the hazardous waste program) should contact their State agency for information on State Discrepancy Report requirements.

EPA Regional Administrators

Regional Administrator, U.S. EPA Region I, J.F. Kennedy Fed. Bldg., Boston, MA 02203

Regional Administrator, U.S. EPA Region II, 26 Federal Plaza, New York, NY 10278

Regional Administrator, U.S. EPA Region III, 6th and Walnut Sts., Philadelphia, PA 19106

Regional Administrator, U.S. EPA Region IV, 345 Courtland St., NE., Atlanta, GA 30365

Regional Administrator, U.S. EPA Region V, 230 S. Dearborn St., Chicago, IL 60604

Regional Administrator, U.S. EPA Region VI, 1201 Elm Street, Dallas, TX 75270

Regional Administrator, U.S. EPA Region VII, 324 East 11th Street, Kansas City, MO 64106

Regional Administrator, U.S. EPA Region VIII, 1860 Lincoln Street, Denver, CO 80295

Regional Administrator, U.S. EPA Region IX, 215 Freemont Street, San Francisco, CA 94105

Regional Administrator, U.S. EPA Region X, 1200 Sixth Avenue, Seattle, WA 98101

Item 20. Facility Owner or Operator: Certification of Receipt of Hazardous Materials Covered by This Manifest Except as Noted in Item 19

Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Items A-K are not required by Federal regulations for intra- or interstate transportation. However, States may require generators and owners or operators of treatment, storage, or disposal facilities to complete some or all of items A-K as part of State manifest reporting requirements. Generators and owners and operators of treatment, storage, or disposal facilities are advised to contact State officials for guidance on completing the shaded areas of the Manifest.

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
MAR 12 1998
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0950305 DATE: 1/21/98 TIME IN: 945 TIME OUT: 1015

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando FL 32839

RESPONSIBLE OFFICIAL: Kasu Ghani PHONE: 407 859-6583

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ 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)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr.
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 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?	☐Y ☐N ☑N/A
2. Examining the containers for leakage?	☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☐Y ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N ☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☐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?	☐Y ☐N ☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N ☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐N ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Todd Fletcher
Inspector's Name (Please Print)

1/21/98
Date of Inspection

Todd Fletcher
Inspector's Signature

1/21/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0930 TIME OUT: _____ AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 3/13/97

FACILITY LOCATION: 2131 Americana Blvd.
Orlando Fl 32839

RESPONSIBLE OFFICIAL: Kasu Ghani PHONE NUMBER: 407-856-1999

☐ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
① No rolling Perc Consumption	Six month reinspection
② No Leak Detection Log	"
③ No Corrective Action Form	"
④ No Refrig Temp Log	"
Haz. Containers Not Sealed	"

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 9/13/97
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: (407) 836-9524

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0950305 DATE: 3/13/97 TIME IN: 0930 TIME OUT: _____
FACILITY NAME: Superior Cleaners
FACILITY LOCATION: 2131 Americana Blvd
Orlando Fl 32839

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140<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)

4. **New large area source** ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 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?	☐Y ☑N
2. Examining the containers for leakage?	☑Y ☐N
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y ☐N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

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?	☑Y ☐N N/A
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N
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?	☐Y ☐N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N ☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N
2. Maintained rolling monthly averages of perc consumption?	☐Y ☑N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y ☑N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y ☑N
4. Maintained calibration data? *(for direct reading instruments only)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☑N
Problem corrected?	☐Y ☑N
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?	☑Y ☐N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☑
Odor (noticeable perc odor)	☑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☑

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 standard gas prior to and after each use (PID/FID only)?	☑Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☑Y ☐N
d. Kept in a clean and secure area when not in use?	☑Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☑Y ☐N

3. Has the facility maintained a leak log? ☐Y ☑N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y	☐N	Muck cookers	☑Y	☐N
Door gaskets and seating	☑Y	☐N	Stills	☑Y	☐N
Filter gaskets and seating	☑Y	☐N	Exhaust dampers	☑Y	☐N
Pumps	☑Y	☐N	Diverter valves	☑Y	☐N
Solvent tanks and containers	☑Y	☐N	Cartridge filter housings	☑Y	☐N
Water separators	☑Y	☐N			

Kasey Ghani
Name of Responsible Official

Todd Fletcher
Inspector's Name (Please Print)

Todd Fletcher
Inspector's Signature

3/13/97
Date of Inspection

9/13/97
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0950305 DATE: 10/14/97 TIME IN: 10:00 TIME OUT: 10:30

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando Fl 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE: 407 856-1999

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ 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)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

RECEIVED

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?	☐Y ☐N ☑N/A
2. Examining the containers for leakage?	☐Y ☐N ☑N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y ☑N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y ☑N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☐Y ☑N

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?	☐Y	☐N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y	☐N	☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐N	☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐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?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☐Y	☑N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y	☑N	☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y	☑N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Todd Fletcher
Inspector's Name (Please Print)

10/14/97
Date of Inspection

Todd Fletcher
Inspector's Signature

1/14/98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 10 00 TIME OUT: 10 30 AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 10/14/97

FACILITY LOCATION: 2131 Americana Blvd
Orlando Fl 32839

RESPONSIBLE OFFICIAL: Kasim Ghani PHONE NUMBER: 407-896-1999

☐ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perc Consump	
No Leak Detection	
No Corrective Action	
No Condenser Temp	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 12/14/98
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

0950305 BEST AVAILABLE COPY

P. 14
1. (a) add date control device installed
1. (c) should not be marked
3. new small area source Should be marked

1. Facility Own	
	S'HA
2. Site Name (F	
	2131
3. Hazardous	
	FLD
4. Facility Lo	
Street Add	
City:	
5. Facility Id	
	FL

9095

32839

~~750305~~
~~69095~~

6. Name an	
	KA
7. Responsible Official Mailing Address:	S'UPER... ERS
Organization/Firm:	
Street Address:	2131 AMERICANA BLVD.
City: ORLANDO	County: ORANGE Zip Code: 32839
8. Responsible Official Telephone Number:	
Telephone: (407) 859-6583	Fax: (407) 856-1999

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
S'AME
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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AUG 29 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   SHAHEEN VENTURES INC
2. Site Name (For example, plant name or number):
   2131 SUPERIOR CLEANERS AMERICANA
3. Hazardous Waste Generator Identification Number:
   FLD 982093031 GAD 981269095
4. Facility Location: 2131 AMERICANA BLVD.
   Street Address:
   City: ORLANDO County: ORANGE Zip Code: 32839
5. Facility Identification Number (DEP Use): ~~550205~~ 0950305
   FLD 982 093 031 GAD 981269095

Responsible Official

6. Name and Title of Responsible Official:
   KASU, GHANI PRESIDENT
7. Responsible Official Mailing Address: SUPERIOR CLEANERS
   Organization/Firm:
   Street Address: 2131 AMERICANA BLVD.
   City: ORLANDO County: ORANGE Zip Code: 32839
8. Responsible Official Telephone Number:
   Telephone: (407) 859-6583 Fax: (407) 856-1999

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME
10. Facility Contact Address:
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

RECEIVED
AUG 29 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.

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-92*
Dry-to-Dry Unit			AL 19JAN96						
(1) w/ ref. condenser	1	19JAN96	~~NONE~~ AL						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ]

AL (c) ~~No control devices are required to be installed~~ [X] AL

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[80] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

AL ~~Existing small area source~~ [X] AL New small area source [✓]

Existing large area source [ ] New large area source [ ]

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	[ ]	Refrigerated condenser	[ ]
New small area source			
Refrigerated condenser	[X]		
New large area source			
Refrigerated condenser	[ ]		

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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	[X]

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	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
~~(d) Carbon adsorber exhaust perc concentration monitoring~~	~~[X]~~
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 8-24-96

Signature _____ Date 3-13-97

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Emergency Contact Telephone Number

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. FLD 982 093 031 | Manifest Document No. 10953 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

GENERATOR

3. Generator's Name and Mailing Address
Shabeen Ventures, Inc DBA Superior Cleaners 111-0173
2131 Americana Blvd, ORLANDO FL 32809
4. Generator's Phone (407) 859-6583 County: Orange Ter. 3WF

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone (770) 593-9434
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (770) 593-9434

5. Transporter 1 Company Name: MCF Systems Atlanta, Inc.
6. US EPA ID Number: GAD981269095

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
MCF Systems Atlanta, Inc.
5353 Snapfinger Woods Drive
Decatur, Georgia 30035
10. US EPA ID Number: GAD981269095

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ WASTE TETRACHLOROETHYLENE, 6.1, UN1897, III (Standard Filters_____) (DOT-E 10161)	X		D.F.		P	F002/ D039
b. RQ WASTE TETRACHLOROETHYLENE, 6.1, UN1897, III (Split _____ Jumbo _____)	X		D.M.		P	F002/ D039
c. RQ WASTE TETRACHLOROETHYLENE, 6.1, UN1897, III (Still Bottom Liquid : ____15 Gal, ____30 Gal, ____ 55 Gal)	X		D.M.		P	F002/ D039
d. RQ WASTE TETRACHLOROETHYLENE, 6.1, UN1897, III (S.B. Powder/Sludge 1 15 Gal, ____30 Gal, ____ 55 Gal)	X	01	D.M.	150	P	F002/ D039

J. Additional Descriptions for Materials Listed Above
D8190
(KH145)

K. Handling Codes for Wastes Listed Above
M051, M052, M053, S01, S02, T54, T63, T07, T16

15. Special Handling Instructions and Additional Information
The waste described in this manifest does not meet the treatment standards or prohibition levels of LDR Rule 40 CFR 268.7 (Incineration), which is 0.05 mg/L for spent tetrachloroethylene solvent wastes, and cannot be land disposed. If undeliverable return to generator. In case of emergency or spill, contact MCF Systems Atlanta, Inc. (800) 828-3240.

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Gilda Kaja		2	14	96

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Robert Gamboa		2	14	96

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year

EPA Form 8700-22 (Rev. 3-94) Previous edition obsolete

GENERATOR'S COPY

BLG-M5 (Rev. 9/94)

AEE 300792

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
JAN 27 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#0950305
SHAHEEN VENTURES INC
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

Do NOT Remove Label

Annual Reporting Period: 1-1- 1997 TO 1-1- 1998

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

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:

RECEIVED MAIL ROOM JAN 23 98

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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: GHANI KASU _____ 1/13/98

Name (Please Print) | 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.

11/06/97

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 2:45 TIME OUT: 3:05 AIRS ID#: 095 0305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 1/21/98

FACILITY LOCATION: 2131 American Blvd

Orlando Fl. 32839 2792 859-6583

RESPONSIBLE OFFICIAL: Kasim Ghani PHONE NUMBER: (407) 866-7946

☑ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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MAR 12 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

Facility in Compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 1/21/99 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher (Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
MAR 12 1998
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☑ 11/20/98 mea COMPLAINT/DISCOVERY ☐

~~RE-INSPECTION~~ ☐ 11/20/98 mea

AIRS ID#: 0950305 DATE: 11/21/98 TIME IN: 945 TIME OUT: 1045

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando FL 32839

RESPONSIBLE OFFICIAL: Kasu Ghani PHONE: 407 859-6583

CONTACT NAME: _____ PHONE: _____

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NOV 30 1998
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ 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)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr.
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

1/11/99 JH

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0950305 DATE: 1/11/99 TIME IN: 0920 TIME OUT: 0950

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE: 407-859-6583

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ 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)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 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?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☐Y ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N ☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☐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?	☐Y ☐N ☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N ☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y ☑N
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐N ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☐
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☐
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) HCFC	☐
Halogen leak detector	☑
If using direct-reading instrumentation, is the equipment:	☑N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

1/11/99
Date of Inspection

Ilka Bundy
Inspector's Signature

3/11/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1998 Perc Receipt not available.
Amount was recorded on purchase log.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0920 TIME OUT: 0950 AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 1/11/99

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE NUMBER: 407-859-6583

☐ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1998 Perc Receipt NOT Available	Re-inspection w/in 3 mos.

COMMENTS:

Gave Mr. Ghani a 1999 Dry Cleaner Compliance Calendar

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 3/11/99
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0950305 **DATE:** 2/2/99 **TIME IN:** 1045 **TIME OUT:** 1100

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani **PHONE:** 407-859-6583

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140 ≤ 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)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

RECEIVED
FEB 25 1999
Bureau of Air Monitoring & Mobile Sources

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?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☐Y ☐N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N ☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N ☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N ☐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?	☐Y ☐N ☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N ☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐N ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☐
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☐
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☑
If using direct-reading instrumentation, is the equipment:	☑N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

2/2/99
Date of Inspection

Ilka Bundy
Inspector's Signature

2/2/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 1045 TIME OUT: 1100 AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 2/2/99

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE NUMBER: 407-859-6583

☑ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 2/2/2000 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

Orange County Environmental Protection Department

AIRS ID#: 0950305 Ace

RECEIVED AUG 23 1999 ORANGE COUNTY ENVIRONMENTAL

Revised 10/10/96

9-10-99 JP

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Superior Cleaners DATE: 8/19/99

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

Annual Reporting Period: 1/21 19 98 TO 2/2 19 99

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

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:

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SEP 28 1999
Bureau of Air Monitoring & Mobile Sources

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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 rolling averages of 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: KASIJ GHANI (Name (Please Print)) _____ (Signature) 8/19/99 (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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389533

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
DEC 15 '99

RECEIVED
DEC 17 1999
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0950305
SUPERIOR CLEANERS
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 2-14-00 JH

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED FEB 14 2000 Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0950305 **DATE:** 2-11-00 **TIME IN:** 1010 **TIME OUT:** 1040

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani **PHONE:** 407-859-6583

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	**2. New small area source** ☑ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source ☐ dry-to-dry only, 140 ≤ 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)	**4. New large area source** ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

www.dep.state.fl.us/air/outreach/sbap

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?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☐Y ☐N		
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y ☐N	☐N/A	
Is the temperature differential equal to or greater than 20° F?	☐Y ☐N	☐N/A	
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y ☐N	☐N/A	
Is the perc concentration equal to or less than 100 ppm?	☐Y ☐N	☐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?	☐Y ☐N	☐N/A	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y ☐N	☐N/A	
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y ☐N	☐N/A	

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y ☐N		
2. Maintained rolling monthly total of perc consumption?	☑Y ☐N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y ☐N	☐N/A	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y ☐N	☐N/A	
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N	☑N/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N	☑N/A	
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N		
7. Maintained deviation reports?	☐Y ☐N	☑N/A	
Problem corrected?	☐Y ☐N	☑N/A	
8. Maintained compliance plan, if applicable?	☐Y ☐N	☑N/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? ☑Y ☐N

2. Has the facility maintained a leak log? ☑Y ☐N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces) ☐
- Physical detection (airflow felt through gaskets) ☐
- Odor (noticeable perc odor) ☑
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
- Halogen leak detector ☑

If using direct-reading instrumentation, is the equipment: ☑N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N

c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N

d. Kept in a clean and secure area when not in use? ☐Y ☐N

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

Ilka Bundy
Inspector's Name (Please Print)

2-11-00
Date of Inspection

Ilka Bundy
Inspector's Signature

2-11-01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0950305

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Superior Cleaners **DATE:** 2-11-00

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

Annual Reporting Period: Feb. 2, 1999 TO Feb 11 20 00

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

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 _____ to _____

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: GHANI KASU _____ 2-11-00
Name (Please Print) 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 ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1010 TIME OUT: 1040 AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 2-11-00

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE NUMBER: 407-859-6583

☑ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 2-11-01 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-1400

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 3-19-01

TYPE OF INSPECTION: ANNUAL (INS1, INS2) ☑ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

RECEIVED
MAR 26 2001
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0950305 **DATE:** 3-14-01 **TIME IN:** 0934 **TIME OUT:** 1005

FACILITY NAME: Superior Cleaners

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani **PHONE:** 407-859-6583

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

Facility Compliance Status: (ARMS Data)
IN ☑
MNC ☐
SNC ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)
☐ No notification form
☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. New small area source ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)
'95

3. Existing large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 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?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☐Y	☐N	☑N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/A

spin dise

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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

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?	☐Y	☐N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y	☐N	☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐N	☐N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐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?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐N	☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☑

   If using direct-reading instrumentation, is the equipment: ☑N/A

   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

3-14-01
Date of Inspection

Ilka Bundy
Inspector's Signature

2-14-02
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

8-14-00 30.0

4-3-00 30.0

RS ID#: 0950305

Revised 01/18/00

ARMS 3-19-01 JB

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Superior Cleaners DATE: 3/14/01

ACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

nnual Reporting Period: Feb. 20 00 TO Feb. 20 01

ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

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:

xact period of non-compliance: from _____ to _____

ction(s) taken to achieve compliance: _____

lethod 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:

xact period of non-compliance: from _____ to _____

ction(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: KASH ABDUL GHANI _____ 3-14-01
Name (Please Print) 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 ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0934 TIME OUT: 1005 AIRS ID#: 0950305

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Superior Cleaners DATE: 3-14-01

FACILITY LOCATION: 2131 Americana Blvd.
Orlando, FL 32839

RESPONSIBLE OFFICIAL: Kasui Ghani PHONE NUMBER: 407-859-6583

☑ 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 during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 2-14-02 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

Fold at line over top of envelope to the right of the return address

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 6-11-01

C. Signature

X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED

JUN 13 2001

1. Article Addressed to:

10 AIRS ID # 0950305001AG
GHANI KASU
SUPERIOR CLEANERS
2131 AMERICANA BLVD
ORLANDO FL 32839

Bureau of Air Monitoring & Mobile Sources

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 210 663 026

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 663 026

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to

10 AIRS ID # 0950305001AG
GHANI KASU
SUPERIOR CLEANERS
2131 AMERICANA BLVD
ORLANDO FL 32839

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Fold at line over top of envelope to the right of the return address

so wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0950305
SHAHEEN VENTURES INC
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

4a. Article Number
P 174 052 002

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2/20/97

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Sayeeda

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300792 ✓

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#0950305
SHAHEEN VENTURES INC
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0.355554

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

RECEIVED
MAIL ROOM
DEC 29 98

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0950305
SUPERIOR CLEANERS
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 262288

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

RECEIVED
MAIL ROOM
MAR -3 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#: 0950305
SHAHEEN VENTURES INC
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403368

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

1-22-01 pd

RECEIVED
MAIL ROOM
JAN 22

Do NOT Remove Label

AIRS ID # 0950305
SUPERIOR CLEANERS
GHANI KASU
2131 AMERICANA BLVD
ORLANDO FL 32839

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

CHK # 2639
1-14-01