

## Department of Environmental Protection

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

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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

## # 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:							
FiD 98209 3031 GAD 981269095							
4. Facility Location: 2131 AMERICANA BLUD. Street Address:							
City: ORLANDO County: ORANGE Zip Code: 32839							
5. Facility Identification Number (DEP Use): 550205 095030 \$ 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: ORLANIO County: ORANGE Zip Code: 32539							
8. Responsible Official Telephone Number:							
Telephone: (407) 879-6583 Fax: (407) 856-1999							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
5' Am C							
10. Facility Contact Address:							
Street Address:							
City: County: Zip Code:							
11. Facility Contact Telephone Number:							
Telephone: ( ) - Fax: ( ) -							

RECEIVED

AUG 2 9 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit			Marie Marie			4	:		4
(1) w/ ref. condenser	T	19Jav96	NONE	T -	Ι			·	
(2) w/ carbon adsorber	1	,	,						
(3) w/ no controls									
Washer Unit	· L								
(4) w/ ref. condenser					Ī				
(5) w/ carbon adsorber			1						
(6) w/ no controls				_					
Dryer Unit	- "		Lyste ji j		100		73°E		g was 1
(7) w/ ref. condenser		I				1		1	
(8) w/ carbon adsorber	-					,			
(9) w/ no controls							/		
Reclaimer Unit	٠.		1914,114		77. 17. 1		1 1		
(10) w/ ref. condenser					T	<u> </u>		T	
(11) w/carbon adsorber							1		
(12) w/ no controls									
(b) Control devices are  (c) No control devices are  2.(a) What was the total q  (b) If less than 12 month Check why it is less	uanti gallo	equired to be ity of perchlo ins ow many? [_	installed [_ proethylene ( ] months	perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S  Existing small are  Existing large are	Selec ea so	t one classifi urce [X	cation only.) Ne	w sm	nitions found nall area sour rge area sour	ce []	3) of 	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 eatural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[ <u>×</u> ]
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	[*]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring [X]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	ر لکا
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### Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection	n:
	I hereby surrender all existing air pe facility indicated in this notification	rmits authorizing operation of the form; specifically, permit number(s)
<u> </u>	No air permits currently exist for the this notification form.	e operation of the facility indicated in
	Responsible	Official Certification
this notif statemen maintain	ication. I hereby certify, based on info ts made in this notification are true, ac the air pollutant emissions units and a	as defined in Part II of this form, of the facility addressed in termation and belief formed after reasonable inquiry, that the ecurate and complete. Further, I agree to operate and air pollution control equipment described above so as to meral permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any cha	anges to the information contained in this notification.
	Man Kon	8-24-96
Signature	-	Date

ы			Emergency Co	ontact Telephoné	Number				
	orn	1) (DES) 33) (DI)(1)	all or type gred for use on elite (12-pitch) typewater).		/ 	i de		(A)	0.03-C senqui (1200)
			UNIFORM HAZARDOUS 1. Generator's US EPA WASTE MANIFEST 1. Generator's US EPA	NID.No. 82 (093 (031	Manifest Document No.3	2. Pag	e 1 Informatio		haded areás is eral law.
-	<u>;</u>	3. C	Generator's Name and Mailing Address	111-0			e Manifest Docum		
	•		Shaheen Ventures, Inc DBA Superior Clurs			-	NO Maria		
		4 6	2131 Americana Blvd, ORLANDO FL 32809	Annie	~ 211112	B. Stat	e Generator's ID	1 9 (9) 9 5	
			ransporter 1 Company Name 6.	Ounty: Orange 7	* * * *	C C+=+	a Transpartaria ID	<u> </u>	
				GAD98126			e Transporter's ID	(7 164)	12.3-2-6.39
	1		ransporter 2 Company Name 8.	US EPA ID Num		146 . 194	e Transporter's ID	1	The state of the s
gain. Tr		٠,	<u> </u>	<u> </u>		F. Tran	sporter's Phone		
		9. D	esignated Facility Name and Site Address. 10.  MCF Systems Atlanta, Inc.	US EPA ID Num	ber	G. Stat	e Facility's ID		
1			5252 Commission Was de Dubre			H: Fac	lity's Phone	Carrier 6	593-9434
*		.'	Decanus, Georgia 30035	GAD9812	59095	, ac	inty 3 i Hone	Carrier -	) 7.7 - 3'4, 184
Ü		11.	US DOT Description (Including Proper Shipping Name, Hazard Class, and	d ID Number)	12. Cont	ainers	13.	14.	
			нм		No.	"Type	Total Quantity	Unit Wt/Vol	Waste No.
		a, ·	X RQ WASTE TETRACHLOROETHYLENE; 6.1; UN	11897: 111		D.F.		·P	F002/
			(Standard Filters) (DOT-E 10)	161)	,		<i>.</i> .		7039
1 A	!  -	b.	X RQ WASTE TETRACHLOROETHYLENE; 6.1; UN	11807- III	-	-	- ::		Approved the control of
	Ē		(Split)			D.M.		P.	F092/ D039
	E R			<u> </u>					L)CAS
!	A T	c:	Y RQ WASTE TETRACHLOROFTHYLENE; 6.1; UN			D.M.		P	F002/
6	D R		Still Bottom Liquid:15 Gal,30 Ga	al, 55 Gal	)				D039
1	اا	d	Y RQ WASTE TETRACHLOROETHYLENE; 6.1: UN	1897: 111		2.14		р	F002/
		. 1	(S.B. Powder/Sludge15 Gal,30 G		$\sim 10^{-1}$	D.M.	153	r	D039
En.				181. 55 Ga				1 : 1	
		Ι Δ	ZNad company to the company of the	rai, 55 Ga	n () i	K Hand	lling Codes for Wa	etaeil ieta	1146
	* *	J. A	dditional Descriptions for Materials Listed Above	rai, 55 Ga	u CI	K. Hand	lling Codes for Wa		ed Above
		J. A	dditional Descriptions for Materials Listed Above	rai, 55 Ga	ו ניין ניי	K. Hand	MO51, MO	52, M	od Above
		J. A	ZNad company to the company of the	iai, 55 Ga		K. Hand		52, M	od Above
		15.	Additional Descriptions for Materials Listed Above  (Additional Pescriptions for Materials Listed Above  (Additional Pescriptions and Additional Information				MO51, MO SO2, T54,	52, M T63,	od Above 053, <i>\$01</i> 707, <i>\$16</i>
		15.	Special Handling Instructions and Additional Information The waste described in this manifest does not meet the tr	reatment standards	or prohibitio	n level	MO51, MO SO2, T54,	52, M T63,	od Abóve 053, S01 T07, T16
		15.	Special Handling Instructions and Additional Information The waste described in this manifest does not meet the transferation), which is 0.05 mg/L for spent tetrachloroed	reatment standards hylene solvent was	or prohibitio	n level	MO51, MO SO2, T54, s of LDR Rule and disposed.	52, M T63,	od Abóve 053, S01 T07, T16
		15.	Special Handling Instructions and Additional Information The waste described in this manifest does not meet the tr	reatment standards hylene solvent was F Systems Atlanta,	or prohibitio stes, and caun Inc. (800) 82	n level ot be k 28-324	MO51, MO. SO2, J54, s of LDR Rule and disposed.	52, M T63, 40 CF If unde	od Above 053, SO1 TO7, T16 R 268.7 diverable return
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		15. °	Special Handling Instructions and Additional Information The waste described in this manifest does not meet the tracellar to generator. In case of emergency or spill, contact MCI SENERATOR'S CERTIFICATION: I hereby declare that the contents of this backed, marked, and labeled, and are in all respects in proper condition for transfer and large quantity generator, I certify that I have a program in place to repracticable and that I have selected the practicable method of treatment, storage	reatment standards. hytene solvent was F Systems Atlanta, consignment are fully an sport by highway accordin duce the volume and toxi ge, or disposal currently av	or prohibition test, and cauna Inc. (800) 82 decurately desc g to applicable interity of waste generaliable to me which	n level ot be la 28-324 ribed abornational rated to the minimize	MO51, MO SO2, T54, s of LDR Rule and disposed. O. we by proper shipp and national govern the degree I have do tes the present and	52, March 163, 163, 164 CF If under the termined future three thre	d Above  053, S01  T07, T16  R 268.7  cliverable return  and are classified, gulations.  to be economically sat to human health
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A CHARLES		16. (	Special Handling Instructions and Additional Information The waste described in this manifest does not meet the tracellar to generator. In case of emergency or spill, contact MCI SENERATOR'S CERTIFICATION: I hereby declare that the contents of this backed, marked, and labeled, and are in all respects in proper condition for transported and that I have selected the practicable method of treatment, storage and the environment; OR, if I am a small quantity generator, I have made a go available to me and that I can afford.  Printed/Typed Name  Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	reatment standards. Hylene solvent was F Systems Atlanta, consignment are fully an sport by highway accordin adduce the volume and toxi ge, or disposal currently av od faith effort to minimize  Signature  Signature	or prohibition stes, and cauma Inc. (800) 82 daccurately desc g to applicable intectity of waste generaliable to me which my waste generated.	in level of be la 28-324 ribed abormational rated to the minimization and s	MO51, MO. SO2, T54, s of LDR Rule and disposed. 0. we by proper shipp and national government degree I have dises the present and elect the best waste	52, March 163, 163, 164 CF If under the termined future three manager Mc	and are classified, gulations, to be economically shart to human health nent method that is south Day Year and Day Year
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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 ! (below) for the type of container.

Table I -- Types of Containers kegs CY = Cylinders

DM = Metal drums, barrels, kegs DW = Wooden drums, barrels, kegs DF = Fiberboard or plastic drums.

CM = Metal boxes, cartons, cases (including roll-offs)

DF = Fiberboard or plastic droms, barrels, kegs TP = Tanks portable

CW = Wooden boxes, cartons, cases
CE = Fiber or plastic boxes, cartons

TT = Cargo tanks (tank trucks)
TC = Tank cars

CF = Fiber or plastic boxes, cartons, cases

DT ≈ Dump truck

BA = Burlap, cloth, paper or plastic bags

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

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.

ftem 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

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.

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office Management and Budget, Washington, DC 20503.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		/ cc	OMPLAINT/DISCO	OVER# NO	743 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
AIRS 10#: <u>0950305</u>			E IN: _	945 TIM	E OUT: _	O Posting
FACILITY NAME:	superior (	leane	YS_			
FACILITY LOCATION:						
MA 2000	Orland	OF	3	z839		
RESPONSIBLE OFFICIAL:	Kasur Crh	-ani	PI	10NE: 407	85G-0	<u> 583</u>
CONTACT NAME:			PI	IONE:		
   第二次ではない。1983年は、1984年は「大阪の日」では、1984年は「大阪の日本日」といっています。日本日本では、1984年は「大阪の日本の日本では、1984年は1984年であった。	many property and the second s				<del>,, , , , , , , , , , , , , , , , , , ,</del>	
PART I: NOTIFICATION			retigrae ettera			72 144 - 144
(check appropriate box)	and the second of the second o	And a real first and the first state of the first s	**************************************		. 4-4-1-1	
1. New facility notified DARM	30 days prior to start	tup				
2. Facility failed to notify DAR	.M to use general per	mit				u
ACCESSORY OF A STOCK O						
PART II: CLASSIFICATION	٧ 					
Facility indicated on notificat (check appropriate box)	ion form that it is:			No notification fo Drop store/out of		troleum
A.  1. Existing small area sound dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr	2. New smalery-to-dry of transfer only both types, a (constructed	only, x < y, x < 20 x < 140	: 140 gal/yr 00 gal/yr	Ū,	
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	2,100 gal/yr 00 gal/yr gal/yr	transfer onl both types,	only, 149 y, 200 <u>≤</u> 140 ≤ x	source $0 \le x \le 2,100$ gal/y $\le x \le 1,800$ gal/yr $\le 1,800$ gal/yr after 12/9/91)	п r.	
5. This is a correct facility of	classification	OY O	N C	Can not determin	c .	
	e appropriate classific lity qualified for a ge lity exceeds above lin	neral permit				
B. The total quantity of perch facility was <u>\$()</u> gallon		urchased with	hin the p	preceding 12 mont	hs by this d	ry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? UY UN UNIA 2. Examining the containers for leakage? DY DN DNA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? DY UN UNIA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the EN ON ON/A condenser exceeded 45° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		-	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	UN	ÜN/A
	Is the temperature differential equal to or greater than 20° F7	ŪΥ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ÜΥ	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΩN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	ראם ב

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	מא מא					
2. Maintained rolling monthly total of perc consumption?	מאַ טאַ					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	איאם אח אקא					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MA ON ON'X					
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON BUN					
5. Maintained exhaust duct monitoring data on pere concentrations?	CIY ON CON/A					
6. Maintained startup/shutdown/malfunction plan?	ON ON					
7. Maintained deviation reports?	DA DN RNIV					
Problem corrected?	OY ON BANIA					
8. Maintained compliance plan, if applicable?	טא טא פאיע					

<b>P</b> Z	ART VI: LEAK DETECTION AND I	REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			RAY UN				
2.	Has the facility maintained a leak log?			מט אַט				
3.	Does the responsible official check the	following areas for leaks?						
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	מא מא מאים				
	Door gaskets and seating	BY ON ONIA	Stills	DY ON ON/A				
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	MY ON ON/A				
	Pumps	CY ON ON/A	Diverter valves	אומט מט יצט				
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	GY ON ON/A				
	. Water separators	AA ON ONV						
4.	Which method of detection is used by t	he responsible official?						
	Visual examination (condensed s	olvent on exterior surface	s)	g ·				
	Physical detection (airflow felt th	rough gaskets)						
	Odor (noticeable perc odor)							
	Use of direct-reading instruments	ation (FID/PID/calorimetr	ric tubes)					
	Halogen leak detector							
	If using direct-reading insti	rumentation, is the equip	oment:	EM/A				
	a. Capable of detecting	pere vapor concentrations	s in a range of 0-500 ppm?	UY UN				
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	UY UN				
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in us	sc?	UY UN				
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	אָט אָט				
	Annual Corporation of the Control of Control							
, a 12								
			151	C 2/				
_	Inspector's Name (Please Pr	int)	Date of Insp	ection				
_	Addul	lct	1/21	199				
	Inspector's Signature		Approximate Date of	Next Inspection				

ADDITIONAL	SITE INFORMAT	TION:		A		
					•	
; 						
			;			
			:			

# TITLE V AIR QUALITY GENERAL PERMIT VINSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPLA	INT/DISCOVERY		RE-INSPECT	ION
TIME IN: 0930	TIME OUT:		AIRS	1D#: 0950	0305	
TYPE OF FACILITY:	Dry Cleaner	<i>f</i>				, al alexander
FACILITY NAME:	Superior Cl	eaners	· · · · / · · · · · · · · · · · · · · ·	DA	TE: 3/13	197
FACILITY LOCATION:	2131 Am	evicano	Blud.			<u> </u>
	Ovlando i	=1	32839			
RESPONSIBLE OFFICIAL:	Kasu loha	иí	PHONE N	IUMBER: 4	107.856	- 1999
hear-	the compliance requiremen Rule 62-213.300, Florida A			on, the facility is	found to be in	n Karagan
Based on the results of discrepancies were note	the compliance requiremented:	nts evaluated o	luring this inspection	on, the following	g compliance	
COMPLIANCE REQ	UIREMENT/PROBL	LEM	FOLLOW-U	P ACTION :	REQUIRE	D/
No volling Per	c Consumption	n	514	month	reinsp	rection
No Leak Detec	tion Los	•	u	ч	У	
No correction	e Action Form	69	v	(I	ı (	
No Refing Te	mp Log	<b>(</b>	. 11	11	(1	
Hoz Containers	Not Sand		11 ,	f (t	inderweed and the second	
					,	
COMMENTS:						
					g "	
The Annual Compliance Certification	cation form has been prope	erly certified a	nd submitted to the	inspector.	YES	NO
DATE OF NEXT INSPECTIO	)N:	9/13/	97		- Arrivation	
INSPECTION CONDUCTED	BY:	(Approximately (Please	letchev Print)	имвек:( <b>4</b> 7	07/874-	 95 <b>Z</b> 4



## **Orange County Environmental Protection Department**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL. RE-INSPECTION	Ü	COMPLAINT/DISCO	)VERY	٥
AIRS ID#: <u>1980305</u> DA'  FACILITY NAME: Sup-  FACILITY LOCATION: &	evior Cl	EGNEV-S LOVICANO	a Blud		
PART I: NOTIFICATION	100		A		
(check appropriate box)					
1. Existing facility notified DARM	by 9/1/96				<u>u</u>
2. New facility notified DARM 30	days prior to start	up			
3. Facility failed to notify DARM t	o use general perr	nit			<u> </u>
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	400	2. New small	area source	<u></u>	
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)		dry-to-dry only transfer only, s both types, x< (constructed of	/, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galboth="" gally="" only,="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	gal/yr l/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classifica	ntion	ON ON			
If no, please check the appropriate	te classification:				
	I for a general per above limits and i		above or a general permit		
B. The total quantity of perchlor	oethylene (perc) p	urchased within	the preceding 12 mont	ths by this di	y cleaning

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

R Has the responsible official of an existing t	
B. Has the responsible official of an existing large or new large area source also:	
<ol> <li>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?</li> </ol>	OY ON MA
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON 1/4
Is the temperature differential equal to or greater than 20° F7	DY ON NIA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring 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?	OY ON MA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	0
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DÝ/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained manifest for many months 42	/
1. Maintained receipts for perc purchased?	מט אט
Maintained receipts for perc purchased?     Maintained rolling monthly averages of perc consumption?	מאס אם אם אם
	OY ON
2. Maintained rolling monthly averages of perc consumption?	ם א פא מא מא מא מא
<ul><li>2. Maintained rolling monthly averages of perc consumption?</li><li>3. Maintained leak detection inspection and repair reports for the following:</li></ul>	OY ON
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	OY GN
<ul> <li>2. Maintained rolling monthly averages of perc consumption?</li> <li>3. Maintained leak detection inspection and repair reports for the following: <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ul>	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	
<ol> <li>Maintained rolling monthly averages of pere consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on pere concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> <li>Maintained compliance plan, if applicable?</li> </ol>	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 lirs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	

2.	2. Which method of detection is used by the responsible official?	/				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)	ď				
	Odor (noticeable perc odor)	d/				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	Ú				
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-50	00 ppm? □Y □N				
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>	OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	UY UN				
	d. Kept in a clean and secure area when not in use?	OY DN				
	e. Verified for accuracy by use of duplicate samples (calorimetric or	ıly)?				
3.	3. Has the facility maintained a leak log?	CIY CAN				
4.	4. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	מא מי אים				
	Door gaskets and scating	מם (אם				
	Filter gaskets and seating DY DN Exhaust damp	pers DY DN				
	Pumps Diverter valve	es 12/4 ON				
	Solvent tanks and containers DY DN Cartridge filte	er housings DY DN				
	Water separators					
L Section 1	Kasu, (rhani Name of Responsible Official					
	Todd Fletcher 3	113/97				
-	Inspector's Name (Please Print)	Date of Inspection				
	And States	9/13/97				
	Inspector's Signature Approxim	Approximate Date of Next Inspection				

# PERCHLOROETHYLENE DRY CLEANER CEIVED

COMPLIANCE INSPECTION CHECKLIST

OCT 2 4 1997

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY Bureau of Ai & Mobile	r Monitoring Sources
II .	•		n: <u>(0:0)</u> time out: <u>1</u>	0130
FACILITY LOCATION:	•			
	Orlando	[-1	32839	
RESPONSIBLE OFFICIAL :	Kasyi Gha	~ i	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 DARI	M to use general permit			
	,			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.	on form that it is:		☐ No notification form ☐ Drop store/out of business/per	roleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry tra bot	-to-dry only nsfer only, x h types, x <	area source  y, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	,100 gal/yr dry 00 gal/yr tra gal/yr bot	y-to-dry only nsfer only, 2 th types, 140	area source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x_000 \le x \le 1,800 \text{ gal/yr}$ $x_00 \le x \le 1,800 \text{ gal/yr}$ $x_00 = x \le 1,800 \text{ gal/yr}$ $x_00 = x \le 1,800 \text{ gal/yr}$ $x_00 = x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility cl	lassification 🔲	Y □N	□Can not determine	
□ facili	appropriate classification ity qualified for a general ity exceeds above limits a	l permit as n	number above igible for a general permit	
B. The total quantity of perchlo facility was $\Re \hat{\mathcal{O}}$ gallons.		ased within	the preceding 12 months by this dr	y cleaning

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

В.	Has the responsible official of an existing large or new large area source also:	_		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	-	•	
	if machines are equipped with a carbon adsorber?	ΠY	ÜИ	DN/A
	Is the perc concentration equal to or less than 100 ppin?	$\Box$ Y	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	$\Box$ Y	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS		_	

PART V: RECORDKEEPING REQUIREMENTS								
Has the responsible official: (check appropriate boxes)								
1. Maintained receipts for perc purchased?	BY ON							
2. Maintained rolling monthly averages of perc consumption?	DY BN							
3. Maintained leak detection inspection and repair reports for the following:								
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONA							
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A							
4. Maintained calibration data? (for applicable direct reading instruments)	סאושט אס אוש							
5. Maintained exhaust duct monitoring data on perc concentrations?	ON ON ONIV							
6. Maintained startup/shutdown/malfunction plan?	о∳ ои							
7. Maintained deviation reports?	OY ON ON/A							
Problem corrected?	סא סא סאיע							
8. Maintained compliance plan, if applicable?	אואס אם צם							

PΑ	PART VI: LEAK DETECTION AND REPAIRS										
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair										
	inspection?			DY DN							
2.	Has the facility maintained a leak log'	?		DY DAY							
3.	Does the responsible official check the										
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	DY ON ON/A							
	Door gaskets and seating	GY ON ON/A	Stills	DY DN DN/A							
	Filter gaskets and seating	BY ON ON/A	Exhanst dampers	DY DN DN/A							
	Pumps	GY ON ON/A	Diverter valves	OY ON ON/A							
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DAY ON ON/A							
	Water separators	Z DY ON ON/A									
4.	Which method of detection is used by	the responsible official?		,							
	Visual examination (condensed	solvent on exterior surface	es)	G/							
	Physical detection (airflow felt	hrough gaskets)									
	Odor (noticeable perc odor)										
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)								
	Halogen leak detector										
	If using direct-reading ins	trumentation, is the equi	pment:	⊡N/A							
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON							
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	□У □И							
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON							
	d. Kept in a clean and	secure area when not in u	se?	OY ON							
	e. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	OY ON							
	3	CONTROL OF THE OWN DAYS TO STUTY THE ALL WIND IN									
74.	AND THE PROPERTY OF THE PROPER	A DONN THE WAY OF STREET AND THE STREET ASSESSMENT AND THE STREET									
	TODD Fletcher 10/14/97										
-	Inspector's Name (Please P	rint)	Date of Insp	ection							
_	dod Thele		1/19/	૧૪							
	Inspector's Signature		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:	1030 AIRS ID#: 0950305
TYPE OF FACILITY: Dry Cleane	V
FACILITY NAME: SUPEVIOR CL	DATE: 10/14/97
FACILITY LOCATION: 2131 Amer	icans Blud
Ovlando F	1 32839
	PHONE NUMBER: 407 - 866 - 1999
· · · · · · · · · · · · · · · · · · ·	ents evaluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida	
discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED
No Rolling Perc Cons	mp
No Leak Defection	
No Corrective Actio	и
No Condenser Temp	
COMMENTS:	
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: 1000	Fletcher
INSPECTOR'S SIGNATURE:	(Please Print)  PHONE NUMBER: 836-9524

Page\_\_\_of\_

Revised 10/96

a.	•	P.14	##	095	0305	BEST	T AVAILA	ABLE COPY	
		6	device	ins	cont talled	,			
1.	Facility Own				+ be				
	S'HA	3. n	ew s	mall	area	Sour	10		
2.	Site Name (F	SH	rould	be,	mark	ed	درح		
	2131	• .			, , ,	Ę <b>U</b>			
3.	Hazardous \								
	FiD							9095	
4.	Facility Lo							•	
	Street Add City:							3283	P
.5.	Facility Id	,			· \	$\bigcirc$ /		15030 69095	. 2
									,
6.	Name an					•		,	
7.	Responsible Of	ficial Mailin	g Address:	50116	<i>V</i>		ĒŔ	? (	
	Organization/F. Street Address:		131 An		ANA,	BLUD			
	City	ANIDO		County:	ORAL	_	Zip	Code: 32f	-39
8.	Responsible Of	_			Fav. (		-/ 1	200	
	Telephone:	(४०१)	M9- 65	5 5	rax: (	407) ft	6 - l'	ררך	
		Facili	ty Contact (	If different	from Respoi	nsible Offic	ial)		
9.	Name and Title	of Facility (	Contact (For e	example, pla	nt manager):				

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

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SHAHEEN NENTURES INC
2. Site Name (For example, plant name or number):
2131 SUPERICR CLEANERS AMERICAND
3. Hazardous Waste Generator Identification Number:
FiD 98209 3031 GAD 981269095
4. Facility Location: 2131 AMERICANA BLUD. Street Address:
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, GIHAWI PRESIDENT  7. Responsible Official Mailing Address: SUPERSOR CLEANERS  Organization/Firm:
7. Responsible Official Mailing Address: SUPERSOR CLEANERS
Organization/Firm: Street Address: 2131 AMERICANA BLUD.
City: ORLANDO County: ORANGE Zip Code: 32539
8. Responsible Official Telephone Number:
Telephone: (401) 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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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

	T	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•	ł	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ΙĎ	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		R	- 195 ANG	76					-1. 1. 1
(1) w/ ref. condenser	$\top$	19 JAN 96	1200€						
(2) w/ carbon adsorber	1		94						
(3) w/ no controls		* ** ***							
Washer Unit		-							
(4) w/ ref. condenser			* The same of the						
(5) w/ carbon adsorber			The same of the sa						
(6) w/ no controls					· ·				
Dryer Unit					The same of the sa				rachter,
(7) w/ ref. condenser						1			
(8) w/ carbon adsorber						The same of the			
(9) w/ no controls					-		*****		
Reclaimer Unit		and the second		jih.	to a second			The state of the s	
(10) w/ ref. condenser				l					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)					
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)		initions found		3) of ]	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	4. What control technology is required on machines pursuant to section (5) of Part II of this notification form (Indicate with an "X".)						
	Existing large area source Carbon adsorber	<u>:</u>	Refrigerated condenser				
	New small area source Refrigerated condenser	ſϪ					
	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 boiler HP or less), and (2) are fire during which propane or fuel oil c	d exclusively by no	atural gas except for period	ds of natural gas curtailment			
	All steam and hot water generating No such units on-site	g units exempt					
	Equipm	ent Monitoring a	nd Recordkeeping Inform	nation			
	Check all logs which are required to	to be kept on-site i	n accordance with the requ	irements of this general permit:			
	(a) Purchase receipts and solvent p	urchases		[X]			
	(b) Leak detection inspection and r	repair					
	(c) Refrigerated condenser tempera	ature monitoring		[X]			
al	(d) Carbon adsorber exhaust perc c	concentration mon	itoring	<del>(X)</del>			
	(e) Instrument calibration						
	(f) Start-up, shutdown, malfunctio	n plan					

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

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	· ,
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication.  I hereby certify, based on information and belief formed after reasonable inquiry, that the
maintair	its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to
maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

## BEST AVAILABLE COPY

**Emergency Contact Telephone Number** 

		UNIFORM HAZARDOUS		Manifest Syment No.3	2. Page	not require	ed by Fede		is	
<b>A</b>		Generator's Name and Mailing Address Shabeen Ventues, Inc DBA Superior Clars 2131 Americana Blvd, ORLANDO FL 32809	<b>3</b>	A. State Manifest Document Number  B. State Generator's ID.						
	L	Generator's Phone ( 407 ) 859-6583 County: Orange Ter. 3WF.  Transporter 1 Company Name 6. US EPA ID Number  MICH Syntems Atlanta, Inc.   GAD 9.8.1.2.6.9.0.9.5.				C. State Transporter's ID. D. Transporter's Phone (77.0) 393-5434				
	1. 2.5	Transporter 2 Company Name 8.	US EPA ID Number	***	E. Stat	e Transporter's ID sporter's Phone		等。 1000年2月 1000年200年20年20年20年20年20年20年20年20年20年20年20		
	9.	MCF Systems Atlanta, Inc.			140	G. State Facility's ID  H. Facility's Phone (770) 593 9434				
	11.	Decatur, Georgia 30035  US DOT Description (Including Proper Shipping Name, Hazard Class, and Including Name, Hazard Class, And Including Name, Ha	· · · · · · · · · · · · · · · · · · ·	12. Conta	ainers	13. Total	14. Unit			
	a.	X RQ WASTE TETRACHLOROETHYLENE; 61; UNI (Standard Filters) (DOT-E 1016		No.	D.F.	Quantity	p 5	Waste N F00 D03	2/岭	
- GWZWD	b.	X RQ WASTE TETRACHLOROETHYLENE; 6.1: UNI			D,M,		D. 2	F003 D03		
A T O R	c:	ROWASTE TETRACHLOROETHYLENE; 6.1; UNIT Still Bottom Liquid:15 Gal,30 Gal	, 55 Gal)		D.M.		P	F002 D03		
	d.	RQ WASTE TETRACHLOROETHYLENE: 6.1. UNIS (S.B. Powder/Sludge:15 Gal,30 Ga		0.1	D.M.	় / ১১		F002 D039		
		Additional Descriptions for Materials Listed Above			K:Han	MO51, MO S02, T54,	52, MC	)53, sc	11 A 11 A 21 44.	
	15.	Special Handling Instructions and Additional Information. The worste described in this manifest does not meet the tree (Incineration), which is 0.05 mg/L for spent tetrachloroethy to generator. In case of emergency or spill, contact MCF	ylene solveut wastes	and cana	ot be k	and disposed.			reture	
	16.	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this contents and labeled, and are in all respects in proper condition for transport I I am a large quantity generator, I certify that I have a program in place to redupracticable and that I have selected the practicable method of treatment, storage, and the environment; OR, if I am a small quantity generator, I have made a good	oort by highway according to a uce the volume and toxicity of , or disposal currently availab	applicable inte of waste gene ble to me whic	ernational rated to t ch minimiz	and national govern the degree I have do zes the present and	nmental reg etermined t future threa	gulations. to be econon at to human l	nically health	
<b>V</b>	<u>·</u>	available to me and that I can afford.  Printed/Typed Name GIIAV KAJA	Signature	Waste general		Door Waste	Mod		Year	
TRANSPO	<del>V</del>	Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Transporter 2 Acknowledgement of Receipt of Materials	Signature	76	70.	1	Moi	nth Day	Year	
ŘTER	. '	Printed/Typed Name	Signature	<del>/</del>			Moi	nth Day	Year	
FAC	19.	Discrepancy Indication Space			<del>_</del>		:			
1 L - T	20.	Facility Owner or Operator: Certification of receipt of hazardous materials co	overed by this manifest ex	cept as noted	in Item	19.		_		
Y -		Printed/Typed Name	Signature				Moi	nth Day	Year	

Tel 300792

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0950305 SHAHEEN VENTURES INC GHANI KASU 2131 AMERICANA BLVD ORLANDO FL 32839 Do NOT Remove Label Annual Reporting Period: 1997 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. \(\times\)YES If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Name (Please Print) Signature

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 20945	TIME OUT:	210:05	AIRS 1D#:	09190305
	Dryl. Checn	eV		
facility name: S.	1 -1	leaner		DATE: 1 21 98
FACILITY LOCATION: Z		than 18		
		. K3 Z 8 3		859-6383
RESPONSIBLE OFFICIAL:	Kashinghan	Markey France	PHONE NUMB	er: ('407') 866 77 149
	the compliance requiremen Rule 62-213.300, Florida A		_ ·	facility is found to be in
Based on the results of discrepancies were note	the compliance requiremented:	its evaluated d	uring this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP AC	CTION REQUIRED
				P
			. '	BUILD MAN
				To See See See See See See See See See Se
				Ces
<del> </del>				
		A.		;
COMMENTS:				
	Facility	in C	Compliance	2
The Annual Compliance Certific	cation form has been prope			ctor. YES NO
DATE OF NEXT INSPECTIO	)N:	11011	<u>i9</u>	· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED	ву:		teta hen	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	. Deld !	(Please	Print) PHONE NUMB	er: 836-9524

Page 11 of 1.

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	101.001	<b>V</b>		<b>o </b> WDISCO∀ER <b>∂</b>	MAR JOHN SOLINGTON
	RE-INSPECTION	4	\	1/20/98 mea		Object 15
airs id#: <u>0956305</u> i	DATE: 1 21	98 T	IME IN	: 945	TIME OUT	: 10 m/2
FACILITY NAME:						
FACILITY LOCATION:	l				d	
	Orland	D F	-	37839		
RESPONSIBLE OFFICIAL :	Kasu (+h	-c.l		PHONE:	107.850	i-6583
CONTACT NAME:				PHONE:		
PART I: NOTIFICATION						
(check appropriate box)				, (	· 🔊	
1. New facility notified DARM		·	6	Pur NOV	1/2	
2. Facility failed to notify DAR	M to use general per	mit		the strain of		u ————
PART II: CLASSIFICATION				Oil Vir Mon	-5 <sub>0</sub> O	
Facility indicated on notificati (check appropriate box)  A.	on form that it is:			□ No nother	ation form clout of busines	ss/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	'yr	dry-to-d transfer both typ	ry only, only, x < cs, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/9		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	,100 gal/yr 00 gal/yr gal/yr	dry-to-d transfer both typ	ry only, only, 20 ocs, 140	rea source $140 \le x \le 2.1$ $00 \le x \le 1.800$ $00 \le x \le 1.800$ gr or after $12/9/9$	gal/yr il/yr	
5. This is a correct facility of	classification	CUY	ΠN	□Can not d	ctermine	
	appropriate classific lity qualified for a ge lity exceeds above lir	neral peri				
B. The total quantity of perchifacility was 80 gallons		urchased	within t	he preceding	12 months by tl	ais dry cleaning

# PERCIILOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

7	TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	CI CI	COMPLAINT/DISCOVER	XY 🗖
Ш	AIRS ID#: <u>0950305</u>	, ,		N: 0920 TIME OL	лт: <u>0950</u>
Į	facility name:Si	perior Clea	aners		· ·
	FACILITY LOCATION: 2	-131 America	ana B	Ird.	
	· · · · · · · · · · · · · · · · · · ·	OrlandorFL	. 328	39	
	RESPONSIBLE OFFICIAL :				9-6583
	CONTACT NAME:			PHONE:	
-			Andrew States		
	PART I: NOTIFICATION	, ,,,	· · · · · · · · · · · · · · · · · · ·		
- 11	(check appropriate box)				
1	1. New facility notified DARM				
	<ol><li>Facility failed to notify DAF</li></ol>	RM to use general permit	t <u> </u>		
-	·.		•	<u> </u>	
	PART II: CLASSIFICATIO	7			Karana and Arana
Ì	Facility indicated on notificat	7		☐ No notification form ☐ Drop store/out of busin	ess/petroleum
Ì	Facility indicated on notificat (check appropriate box) A.	tion form that it is:		☐ Drop store/out of busin	ess/petroleum
Ī	Facility indicated on notificat (check appropriate box) A.  1. Existing small area son dry-to-dry only, x < 140 gal	tion form that it is:  urce	. New small ry-to-dry only	□ Drop store/out of busin area source v, x < 140 gal/yr	ess/petroleum
Ì	Facility indicated on notificat (check appropriate box)  A.  1. Existing small area son dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y	tion form that it is:  1rce	. New small ry-to-dry only ansfer only, a	☐ Drop store/out of busin area source v, x < 140 gal/yr c < 200 gal/yr	ess/petroleum
Ì	Facility indicated on notificat (check appropriate box) A.  1. Existing small area son dry-to-dry only, x < 140 gal	tion form that it is:  1/yr di r tr	. New small ry-to-dry only ransfer only, a oth types, x <	☐ Drop store/out of busin area source v, x < 140 gal/yr c < 200 gal/yr	ess/petroleum
Ì	Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is:  1/yr	. New small ry-to-dry only ansfer only, and types, x < constructed or . New large ry-to-dry only ansfer only, and types, 140 oth types, 140	□ Drop store/out of busing area source  7, x < 140 gal/yr  x < 200 gal/yr  140 gal/yr	ess/petroleum
Ì	Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91  3. Existing large area sou dry-to-dry only, 140 \le x \le 1,800 both types, 140 \le x \le 1,800 both types, 140 \le x \le 1,800	tion form that it is:  1/yr	. New small ry-to-dry only ansfer only, and types, x < constructed or . New large ry-to-dry only ansfer only, and types, 140 oth types, 140	Drop store/out of busing area source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 < x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	ess/petroleum
Ī	Facility indicated on notificate (check appropriate box)  A.  1. Existing small area son dry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91  3. Existing large area son dry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91  5. This is a correct facility  If no, please check the	tion form that it is:  1/yr	New small ry-to-dry only cansfer only, so th types, x < constructed or ry-to-dry only ransfer only, constructed or ry	□ Drop store/out of busing area source $(x, x < 140 \text{ gal/yr})$ $(x < 200 \text{ gal/yr})$ $(x < 200 \text{ gal/yr})$ $(x < 140 \text{ gal/yr})$ $(x < 1,800 \text{ gal/yr})$	ess/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchlorocthylene in tightly scaled and impervious containers?	ON ON A
2. Examining the containers for leakage?	QYY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	טא טאיע סאיע
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstailed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. It is the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ω√ □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	o√y on on/a
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. DA DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מ/אם אם אמ
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

В.	Has the responsible official of an existing large or new large area source also:		<del></del>	
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?	ĽΙΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΔY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/Ň
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΥΩr	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	<b>*</b>		refy □N				
2. Has the facility maintained a leak log?			QY DN				
3. Does the responsible official check the	following areas for leaks?						
Hose connections, fittings, couplings, and valves	MY ON ONA	Muck cookers	DY ON ON/A				
Door gaskets and scating	MY ON ON/A	Stills	MY ON ON/A				
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A				
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A				
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A				
Water separators	DY ON ON/A	, - <del></del>					
4. Which method of detection is used by t	he responsible official?		· []				
Visual examination (condensed s	olvent on exterior surfaces)						
Physical detection (airflow felt th	rough gaskets)	Andrew State of the State of th					
Odor (noticeable perc odor)		n de grand de <b>k</b> erger en gewe					
Use of direct-reading instruments	ntion (FID/PID/calorimetric	tubes) HCFC					
Halogen leak detector			Q				
If using direct-reading inst	rumentation, is the equipm	ent:	ØN/∧				
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppin?	OY ON				
b. Calibrated against a (PID/FID only)?	standard gas prior to and aft	er each use	OY ON				
c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	OY ON				
d. Kept in a clean and	secure area when not in use?		OY ON				
e. Verified for accuracy	y by use of duplicate samples	(calorimetric only)?	OY ON				
	• •		. ·				
Ika Bundy		1/11/99	<u> </u>				
Inspector's Name (Please Pr	int)	Date of Inspe	ection				
Illea Bunch		3/11/9	9				
In a = = 1 = = 0 = = 0 = = = = = = = = = = =		A	Manual Long. 141-				

#### ADDITIONAL SITE INFORMATION:

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

3

TYPE OF INSPECTION:	ANNUAL V	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0920	_TIME OUT:09	50 AIRS 1D#: 09	50305
TYPE OF FACILITY: Dry	Cleaner		
FACILITY NAME: SUJE	ior Cleaners		DATE: 1/11/99
FACILITY LOCATION: 21		Blvd.	
0.	rlando, FL 32	839	
RESPONSIBLE OFFICIAL: K	asui Ghani	PHONE NUMBER:	407-859-6583
compliance with DEP Ru	le 62-213.300, Florida Admir e compliance requirements ex	valuated during this inspection, the facinistrative Code (F.A.C.). valuated during this inspection, the following	
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
1998 Perc Receipt No	· Available	Re-inspection	w/in 3 mos.
		F	
			· · · · · · · · · · · · · · · · · · ·
,			
COMMENTS:			
Gave Mr. Ghan	; a 1999 Dry	Cleaner Compliance (	alendar
The Annual Compliance Certificat	ion form has been properly c	ertified and submitted to the inspector.	YES NOW
DATE OF NEXT INSPECTION	: 3/11/	99 (Approximate)	
INSPECTION CONDUCTED B	r: Ilka T		
INSPECTOR'S SIGNATURE:_	111 21	(Please Print)PHONE NUMBER:	836-9524
	Pag	se of .	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARS ID#: $0950305$ DATE: $2/2/99$ TIME IN: $1045$ TIME OUT: $1/00$ FACILITY NAME: Superior Cleaners  FACILITY LOCATION: $213$ 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 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 $12/991$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only.
FACILITY LOCATION: 2   3   Americana Blvd.  Orlando, FL 32839  RESPONSIBLE OFFICIAL: Kasui Ghan, 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)  A.  1. Existing small area source □ 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 both types, x < 140 gal/yr (constructed before 12/9/91)  PART II: CLASSIFICATION  Facility indicated on notification form that it is: □ No notification form chromatory only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
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     Drop store/out of business/petroleum
Ccheck 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
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)  Pon notification form Drop store/out of business/petroleum  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)
Facility indicated on notification form that it is:  (check appropriate box)  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)  Drop store/out of business/petroleum 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)
(check appropriate box)  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 both types, x < 140 gal/yr (constructed before 12/9/91)  Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source  dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  5. This is a correct facility classification  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

7.5.12

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? MY UN UNA 2. Examining the containers for leakage? WY ON ONA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? EX CIN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? UY UN WNA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? אמם אם צים 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the מאל בוא בואיע condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אואם אנז condenser exceeded 45° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	ИП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	אאט
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	•		□N/A
	Is the pere concentration equal to or less than 100 ppm?	ĽΙΥ	ÜИ	אאט
1.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩИ	□N/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	Ωи	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DZY CIN
2. Maintained rolling monthly total of perc consumption?	DY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs7 or;	אואם אם אמ
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	MA ON ONIV
4. Maintained calibration data? (for applicable direct reading Instruments)	כוא כוא האניוע
5. Maintained exhaust duct monitoring data on perc concentrations?	חאואים אם אוע
6. Maintained startup/shutdown/malfunction plan?	EM UN
7. Maintained deviation reports?	כוא סא האי/ע
Problem corrected?	אואיט אנט צנט
8. Maintained compliance plan, if applicable?	טא טא פאיע

PA	ART VI: LEAK DETECTION AND I	REPAIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?		<b>.</b>	UY ON
2.	Has the facility maintained a leak log?			ON ON
3.	Does the responsible official check the	following areas for leaks	57	
	Hose connections, fittings, couplings, and valves	מא מא מא מא	Muck cookers	אואם אם אס
	Door gaskets and scating	(A) ON ONIV	Stills	DY ON ONA
	Filter gaskets and scating	אווט אט אַט	Exhaust dampers	א/אני אני אַצּע
	Pumps	שא בוא בוא/א.	Diverter valves	פא כוא כואיע
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	MY CIN CIN/A		ľ
4.	Which method of detection is used by	the responsible official?		·
•	Visual examination (condensed s	solvent on exterior surfac	ccs)	CI
	Physical detection (airflow felt the	ırouglı gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	ation (FID/PID/calorimo	etric tubes)	ci .
	Halogen leak detector	•	•	<b>u</b>
	If using direct-reading inst	runientation, is the equ	ipment:	WN/A
	a. Capable of detecting	pere vapor concentratio	ons in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wea	r on a weekly basis?	אט אט
	d. Kept in a clean and	secure area when not in	use?	אט צט
	e. Verified for accurac	y by use of duplicate san	uples (calorimetric only)?	מט אט
·==				
	Ilka Bundy	. "	2/2/99	7
_	Inspector's Name (Please P	rint)	Date of Insp	ection
_	Ilha Bundy	<u> </u>	2/2/20	OO Next Inspection

ADDITIONAL SITE INFORMATION:	
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TYPE OF INSPECTION: ANNUAL COMP	LAINT/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 Bl	vd.
Orlando FL 32839	
RESPONSIBLE OFFICIAL: Kasui Ghan;	PHONE NUMBER: 407-859-6583
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrative	- ,
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	·
	,
·	
COMMENTS:	
tacility in compliance.	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NOU
DATE OF NEXT INSPECTION: $2/2/2$	oximate)
INSPECTION CONDUCTED BY: I IKA Bund (Plea	se Print)
INSPECTOR'S SIGNATURE: The Burn	
Page 1	of /. Revised 10/96

# Orange County Environmental Protection 0950305

Revised 10/10/96

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

FACILITY NAME: Superior Cl	eaners	DATE: 8/19/8
FACILITY LOCATION: 213 Ame	ricana Blvd.	
Orlando,	FL 32839	
Annual Reporting Period:/2/	19 <u>98</u> то	2/2 19 9
Based on each term or condition of the Title V general at 62-213,300, Florida Administrative Code (F.A.C.), during		
If NO, complete the following:		
#1. Term or condition of the general permit that has not	been in continuous compliance durin	RECEIVED
Exact period of non-compliance: from	· to	SEP 2 8 1999
Action(s) taken to achieve compliance:		Bureau of Air Monitoring
Method used to demonstrate compliance:		& Mobile Sources
#2. Term or condition of the general permit that has not	been in continuous compliance durin	g 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 informade in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not excepted for transfer or combination facilities.	e. Further, my annual consumption o	f perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: KASU, GHA		8/19/99
Name (Please P		ture Date

Page of

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

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

SUPERIOR CLEANERS GHANI KASU 2131 AMERICANA BLVD ORLANDO FL 32839

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

### **BEST AVAILABLE COPY**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	ON D
AIRS ID#: 0950305 DATE: 2-11-	-00 TIME IN: 1010 TIME OUT: 1040
FACILITY NAME: Superior Cle	eaners Comme
FACILITY NAME: JUPERIOR CIT	Aller 2
FACILITY LOCATION: 2131 AMEN	icana Blvd. Re 40 Million Months
Orlando, F	EL 32839
RESPONSIBLE OFFICIAL : KASU! (7)	FL 32839  hani PHONE: 407-859-6583
l ·	
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 🚨
2. Facility failed to notify DARM to use general pe	rmit 🖸
	· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	2. New small area source
1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(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 classific	cation:
	neral permit as number above

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

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

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppin?	OY ON ON/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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אומם אם צם
or Routed in the trib on our address (it also, as in all a	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official:	MY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	MY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	MY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	MY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	MY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	MY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A DY ON ON/A DY ON ON/A

DY DN DN/A

DY DN DN/A

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair		
inspection?		QY ON
2. Has the facility maintained a leak log?		DAY ON
3. Does the responsible official check the follow	wing areas for leaks?	ļ
Hose connections, fittings, couplings, and valves	/ Y DN DN/A Muck cookers	MY ON ON/A
Door gaskets and seating	Y ON ON/A Stills	DY ON ON/A
Filter gaskets and seating	Y DN DN/A Exhaust dampers	DY ON ON/A
Pulmps 🔻 💆	N □N/A Diverter valves	DAY ON ON/A
Solvent tanks and containers	Y ON ON/A Cartridge filter housings	DY ON ON/A
Water separators	Y ON ON/A	
4. Which method of detection is used by the res	sponsible official?	
Visual examination (condensed solven	t on exterior surfaces)	
Physical detection (airflow felt through	gaskets)	
Odor (noticeable perc odor)		<b>a</b>
Use of direct-reading instrumentation (	FID/PID/calorimetric tubes)	
Halogen leak detector		<b>u</b>
If using direct-reading instrumen	station, is the equipment:	19 NVA
a. Capable of detecting perc v	vapor concentrations in a range of 0-500 ppm?	DY DN
b. Calibrated against a standa (PID/FID only)?	rd gas prior to and after each use	חם אם
c. Inspected for leaks and oby	vious signs of wear on a weekly basis?	OY ON
d. Kept in a clean and secure	area when not in use?	□Y □N
e. Verified for accuracy by us	se of duplicate samples (calorimetric only)?	OY ON .
Ilka Bundy	2-11-00	•
Inspector's Name (Please Print)	Date of Inspection	
2		
Alka Burch	2-11-01	
Inspector's Signature	Approximate Date of I	Next Inspection

ADDITIONAL SITE INFORMATION:	
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• •	
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	,
	•

AIRS ID#:	0950305
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Aco

Revised 01/18/00

# Shr so.

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

· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME: Superior Cleaners	DATE: 2-11-00
FACILITY LOCATION: 2131 Americana	Blud:
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, n	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous 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 co	ntinuous 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:	<u> </u>
As the responsible official, I hereby certify, based on information as in this notification are true, accurate and complete. Further, my as purchase receipts, does not exceed 2,100 gallons per year for dry-tocombination facilities.  RESPONSIBLE OFFICIAL: THANI KASU	nnual consumption of perchloroethylene solvent, based upon
Name (Please Print)	Signature Date

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

TYPE OF INSPECTION: ANNUAL	] СОМРІ	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1010 TIME O	ит: 104 <u>0</u>	AIRS ID#:	0950305
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Superior Clean	erS		DATE: 2-11-00
FACILITY LOCATION: 2131 Americ	cana Blud.		
Orlando, F		9	, <u> </u>
RESPONSIBLE OFFICIAL: Kasui Gha	ni	PHONE NUMBE	R: 407-859-6583
Based on the results of the compliance re compliance with DEP Rule 62-213.300, I	Florida Administrati	ve Code (F.A.C.).	·
Based on the results of the compliance re discrepancies were noted:	quirements evaluate	d during this inspection, the f	ollowing compliance
COMPLIANCE REQUIREMENT/F	PROBLEM	FOLLOW-UP AC	TION REQUIRED
	•		
·			
COMMENTS:		· · · · · · · · · · · · · · · · · · ·	
Facility in comp	liance.		
The Annual Compliance Certification form has be	en properly certified	d and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:	2-11-0	oximate)	
INSPECTION CONDUCTED BY:	Ilka Bun	se Print)	
INSPECTOR'S SIGNATURE:	Alka Rund	PHONE NUMBE	r: 836 - 1400
	Page \	ór	Revised 10/96



### PERCHLOROETHYLENE DRY CLEANERS

ARM) 7-19-01 M

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2)	
	COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)	· · · · · · · · · · · · · · · · · · ·
	· M. C.
AIRS ID#: 0950305 DATE: 3-14-01 T	TIME IN: 0934 THE OUT 1005
FACILITY NAME: Superior Cleaner	40× 0
II • • • • • • • • • • • • • • • • • •	UL O
FACILITY LOCATION: 2131 Americana	10 Y
Orlando, FL	
RESPONSIBLE OFFICIAL: Kasui Ghani	PHONE: 407-859-6583
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
	Facility Compliance Status: IN
(check appropriate box)	
	(ARMS Data) MNC
2. Facility failed to notify DARM to use general permit	□ SNC □
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)  A.	☐ Drop store/out of business/petroleum
1. Existing small area source   2. New	
	small area source
dry-to-dry only, x < 140 gal/yr dry-to-dr	ry only, x < 140 gal/yr
dry-to-dry only, x < 140 gal/yr dry-to-dry transfer only, x < 200 gal/yr transfer only	ry only, x < 140 gal/yr only, x < 200 gal/yr '95
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer oboth types, $x < 140$ gal/yr both types	ry only, x < 140 gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer obth types, $x < 140$ gal/yr both types (constructed before 12/9/91) (constructed before 12/9/91)	ry only, x < 140 gal/yr only, x < 200 gal/yr es, x < 140 gal/yr cted on or after 12/9/91)
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source  dry-to-dry dry-to-dry transfer both types, x < 140 gal/yr both type (constructed before 12/9/91)  4. New	ry only, x < 140 gal/yr only, x < 200 gal/yr es, x < 140 gal/yr cted on or after 12/9/91) large area source
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer obth types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both type (constructed before $12/9/91$ ) (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after 12/9/91) large area source ry only, $140 \le x \le 2,100$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer obth types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both type (constructed before $12/9/91$ ) (constructed dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer of	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$ )  large area source ry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer obth types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both types (constructed before $12/9/91$ ) (constructed dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after 12/9/91) large area source ry only, $140 \le x \le 2,100$ gal/yr
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer obth types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both types (constructed before $12/9/91$ ) (constructed dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$ )  large area source ry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr es, $140 \le x \le 1,800$ gal/yr
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both type (constructed before $12/9/91$ ) (constructed dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed before $12/9/91$ )	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$ )  large area source ry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr es, $140 \le x \le 1,800$ gal/yr cted on or after $12/9/91$ )
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr both types (constructed before $12/9/91$ ) (constructed before $12/9/91$ ) 4. New dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry transfer only, $200 \le x \le 1,800$ gal/yr transfer obth types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed before $12/9/91$ ) (constructed before $12/9/91$ ) (constructed before $12/9/91$ ) (fino, please check the appropriate classification:  Gracility qualified for a general perm	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$ )  large area source ry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr es, $140 \le x \le 1,800$ gal/yr cted on or after $12/9/91$ ) $\square$
dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types (constructed before $12/9/91$ ) (constructed dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed before $12/9/91$ )	ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$ )  large area source ry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr es, $140 \le x \le 1,800$ gal/yr cted on or after $12/9/91$ ) $\square$ $\square$ Can not determine  it as number above

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?	DY ON ON/A	
2. Examining the containers for leakage?	DY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	DY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A	spin dis
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A	
PART IV: PROCESS VENT CONTROLS		 1
In Part II-A:		)) 
If classification 1 has been checked, no controls are required. Proceed to Part V	7.	
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	-	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser	
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:	
1. Equipped all machines with the appropriate vent controls?	DY ON	. ,
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A	·
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY DN DN/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DAY ON	

∥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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	OY ON ON/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?	OY ON ON/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				T I
inspection?			UZYY	ŪΝ .
2. Has the facility maintained a leak log?			ØY	ПN
3. Does the responsible official check the follo	owing areas for leaks?			
Hose connections, fittings, couplings, and valves	/ Y □N □N/A	Muck cookers	ØY C	N □N/A
Door gaskets and seating	Y ON ON/A	Stills	TY C	N □N/A
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DAY C	IN □N/A
Pumps 🗹	Y ON ON/A	Diverter valves	al X C	IN □N/A
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	QY C	IN □N/A
Water separators	Y ON ON/A			
4. Which method of detection is used by the re	esponsible official?			
Visual examination (condensed solver	nt on exterior surfaces)	•	Q	
Physical detection (airflow felt throug	h gaskets)			
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			Ø	
If using direct-reading instrume	ntation, is the equipmen	at:	⊠N/A	
a. Capable of detecting perc	vapor concentrations in	a range of 0-500 ppm?	UY C	NE
b. Calibrated against a stand (PID/FID only)?	ard gas prior to and after	each use		אב
c. Inspected for leaks and ob	vious signs of wear on a	weekly basis?		אנב
d. Kept in a clean and secure	area when not in use?			אנ
e. Verified for accuracy by u	se of duplicate samples (	(calorimetric only)?	□Y .0	אנ
\(\frac{1}{2}\)				
				•
Ilka Bundy		3-14-01		
Inspector's Name (Please Print)		Date of Inspection		
Mb Runh		2-14-02		

Approximate Date of Next Inspection

- 7	I conserved to	~	CHANNEL RE	TENCH TO BE A POST OF BY
н	L VIDIDLE 14	DIN A F	<b>\1</b>	IFORMATION:

RS ID#: 0950305

Revised 01/18/00

### ARMS 3-19-01 /

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

CILITY NAME: Superior Cl	eaners		DATE: 3/14/01
ICILITY LOCATION: 2131 Amer	icana Blud.		
Orlando, 1	FL 32839		
		·	· · · · · · · · · · · · · · · · · · ·
inual Reporting Period: Feb.	20 00 TO	Feb.	20 01
ased on each term or condition of the Title V gene 2-213.300, Florida Administrative Code (F.A.C.),	•		
NO, complete the following:		-	
. Term or condition of the general permit that has	s not been in continuous compl	ance during the reportin	g period stated above:
act period of non-compliance: from		to	
ction(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ethod used to demonstrate compliance:	·		
. Term or condition of the general permit that has	s not been in continuous compl	iance during the reportin	g period stated above:
			· 
act period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	to	
ction(s) taken to achieve compliance:	<u>.</u>		
ethod used to demonstrate compliance:	· .		· · · · · · · · · · · · · · · · · · ·
<u> </u>			
the responsible official, I hereby certify, based on this notification are true, accurate and complete. rchase receipts, does not exceed 2,100 gallons pe mbination facilities.	Further, my annual consumpt	ion of perchloroethylene	solvent, based upon
ESPONSIBLE OFFICIAL: KASH ABE	OUL GHANI	than. L	3-14-01
Name (Plea		Signature	Date

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

Page of ...

TYPE OF INSPECTION: ANNUAL of	COMPLAINT/DISCOVERY  RE-INSPECTION C
TIME IN: 0934 TIME OUT:	1005 AIRS ID#: 0950305
TYPE OF FACILITY: Dry Cleaner	
FACILITYNAME: Superior Cleane	DATE: 3-14-01
FACILITY LOCATION: 2131 American	
Orlando, FL	32839
RESPONSIBLE OFFICIAL: Kasui Ghani	PHONE NUMBER: 407-859-6583
Based on the results of the compliance requirements eva	aluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Admini	istrative Code (F.A.C.).
Based on the results of the compliance requirements even	aluated during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	·
	· · · · · · · · · · · · · · · · · · ·
	·
COMMENTS:	
Facility in complian	(P.
The Annual Compliance Certification form has been properly ce	rtified and submitted to the inspector. YES  NO  NO
· · · ·	14-02
DATE OF NEXT INSI ECTION:	proximate)
INSPECTION CONDUCTED BY:	a Bundy
INSPECTOR'S SIGNATURE: Bundle	PHONE NUMBER: 407-836-/400
45-19 (6/00)	<u>)</u> of <u> </u>

Fold at line over to see address	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If VES, exter delivery address below:
10 AIRS ID # 0950305001AG GHANI KASU SUPERIOR CLEANERS 2131 AMERICANA BLVD ORLANDO FL 32839	JUN 1 3 200
	3. Servi Gul Veau of Air Monitoring Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2 2/0 6 6 5 0 2 6	
PS Form 3811, July 1999 Domestic Retu	urn Receipt . 102595-99-M-1789

		<del></del>				
	Z 210 I	663	056			
US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to						
S 2	O AIRS II HANI KASU UPERIOR CLEANER 131 AMERICANA BL RLANDO FL 32839	S	0305001AG			
	Special Delivery Fee					
	Restricted Delivery Fee					
1996	Return Receipt Showing to Whom & Date Delivered					
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address					
800	TOTAL Postage & Fees	\$				
PS Form <b>3800</b> , April 1995	Postmark or Date					

on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write 'Return Receipt Requested' on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		so wish to receive the ioilowing services (for an extra fee):  1.		
completed	AIRS ID#: 0950305 SHAHEEN VENTURES INC	4a. Article N  P / 1/4  4b. Service  □ Registere □ Express	# 052 002  Type ed   ☐ Certified	Ð	
RN ADDRESS	GHANI KASU 2131 AMERICANA BLVD ORLANDO FL 32839	Return Receipt for Merchandise COD  7. Date of Delivery  2.20/1		Thank you for us	
your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X < AUL	Addressee's Address (Only if requested and fee is paid)			
/ <b>*</b>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	1	



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Fund: 20-2-035001

ОЫј.: 002273

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Fund: 20-2-035001 Obj.: 002273

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MAIL ROOM

MAR -3 97 TOTAL AMOUNT DUE: \$50.00

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Obj.: 002273

1-14-01