

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Ms. Luz-Helena Hunt President Master Cleaners of Orlando, Inc. 6522 Harold Avenue Cocoa, Florida 32927

Dear Ms. Hunt:

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"

# #0950306

	Service d
·	Master Cleaners
D.15	5.(c) not required, mark out "X" and initial
	and initial
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1	

#### Perchloroethylene Dry Cleaning Facility Notification

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

racinty Name and Location					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Master Cleaners of Orlando Inc.					
2. Site Name (For example, plant name or number):					
Master Cleaners					
3. Hazardous Waste Generator Identification Number:					
4. Facility Location: 533 South Semman Blvd. Street Address:					
City: Winter Park County: Orange Zip Code: 32792					
5. Facility Identification Number (DEP Use):					
0950306					
Responsible Official					
6. Name and Title of Responsible Official:					
Luz Halan Hard Drasident					
Luz-Helena Hurt - President  7. Responsible Official Mailing Address: Organization/Firm: Master cleaners of Orlando Inc. Street Address: 6522 Harold Are					
City: Cocoa County: Brevard Zip Code: 32927					
8. Responsible Official Telephone Number: Telephone: (47) 631 - 7070 Fax: ( ) -					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
Camillo Morales - Hanager					
10. Facility Contact Address:					
Street Address: 533 S. Semorad Blvd.					
City: Wither Park County: Orange Zip Code: 32792					
11. Facility Contact Telephone Number: Telephone: (A) 679-7905 Fax: ( ) -					
· · · · · · · · · · · · · · · · · · ·					

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		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-
Dry-to-Dry Unit	1	* # # * #	professional states			** .			a the project
(1) w/ ref. condenser	#1	08-066-91	08-Dec-91						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		urt (j. 1875).	ta tar					<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			er de la companya de La companya de la companya de						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		·		"		1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i i yi ku kasi	gara Ma
(10) w/ ref. condenser									
(11) w/carbon adsorber	•								
(I2) w/ no controls									
(b) Control devices and (c) No control devices  2.(a) What was the total  2.5  (b) If less than 12 more Check why it is less	s are r quant ] gallo	required to be tity of perchloons ow many? [_	installed [_ oroethylene (	(perc)	purchased in				
3. What is the facility's s (Indicate with an "X".  Existing small a	Selec	ct one classif	ication only.)	)	initions found	`	3) of	Part II?	
Existing small a  Existing large a		•			rge area sour	·	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursus (Indicate with an "X".)</li> </ol>	ant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber Refr	igerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions units s to Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Re	ecordkeeping Information
Check all logs which are required to be kept on-site in according	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	
Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	<u></u> ]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

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

Please indicat	e with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
ιXι	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will prod	I will promptly notify the Department of any changes to the information contained in this notification.							

#### Bowman, Sandy

From:

Sent:

Ilka.Bundy@co.orange.fl.us Monday, February 12, 2001 7:43 AM

To:

Butler, Rick

Cc:

Bowman, Sandy; Marie Driscoll@co.orange.fl.us

Subject:

Dry Cleaners with new R.O.s.

Rick,

The following facilities were discovered to have new owners during the annual inspection:

- 0950326 Kim's Coin Laundry & Dry Cleaners (1/12/01)
- 0951197 Adair Custom Cleaners (1/12/01)
- 0950363 Rainbow Cleaners (1/19/01)
- 0950306 Master Cleaners (Now called Tita's Cleaners) (2/9/01)
- 0950295 Imperial Dry Cleaners (1/31/01)

Thanks! If you need any further information, do not hesitate to contact me.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>



## Department of Environmental Protection

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

David B. Struhs Secretary

December 20, 2000

Ms. Luz-Helena Hunt Master Cleaners 6522 Harold Avenue Cocoa, Florida 32927

Dear Ms. Hunt:

Thank you for your note informing the Division of Air Resource Management that you are no longer in business. We received your note on December 18 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Master Cleaners (AIRS ID #0950306) was in operation for part of year 2000, the fee is due and payable.

For your convenience, I am enclosing your original invoice and envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section ,

Bureau of Air Monitoring

and Mobile Sources

SB/

**Enclosures** 

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

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927 JO longer in business

Since Jule 16/00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS\_ID\_#\_0950306\_\_\_\_\_\_

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927 JO longer in business

Since Jule 16/00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

#### PERCHLOROETHYLENE DRY CLEANERS

TYPE OF INSPECTION:	ANNUAL	₩	COMPLAINT/DISCO	VERY 🗆
	RE-INSPECTION		11/30/08	
			ned	
AIRS ID#: 0950306 DA	1			OUT: 10:30
facility name:	Naster C	leaner	5	
FACILITY LOCATION:	<u>533 S.</u>	Semov	an Blud	
	Orlando	FI	32797	
responsible official : \( \)	Luz Helena	Hut	PHONE: 407-10	79-7905
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			17	
(check appropriate box)			, C	
I. New facility notified DARM 30	days prior to startup	<	S. No. \$1.	
2. Facility failed to notify DARM	to use general permit	,	Suredu FO	<i>^</i> .
***************************************			Obj. Air Os	0
PART II: CLASSIFICATION			Solon.	·
Facility indicated on notification	ı form that it is:		□ No notifeation form	
(check appropriate box)			☐ Drop store/out of bu	isiness/petroleum
A. 1. Existing small area source	2. 1	New small are	ea source	
dry-to-dry only, x < 140 gal/yr	dry-	-to-dry only, x		
transfer only, x < 200 gal/yr		isfer only, x <		
both types, $x < 140$ gal/yr (constructed before 12/9/91)		In types, $x \le 14$ instructed on o	r after 12/9/91)	
·	`			_
3. Existing large area source		New large are	ea source $40 \le x \le 2,100 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$			$0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gr			$x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)		nstructed on o	r after 12/9/91)	
5. This is a correct facility cla	ssification $\Box$	7 ON	□Can not determine	
10 1 1 1 1 1				
☐ facility	ppropriate classification  qualified for a general  cxcecds above limits a	permit as nur		it

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
	11:00 AIRS ID#: 0950306
TYPE OF FACILITY: Dry Cleane	
A A / A / A	4 anev DATE: 2/20/98
FACILITY LOCATION: 533 5.	Semovan Blud
Ovlando	F1 32797
RESPONSIBLE OFFICIAL: Luz Heluna Hu	† PHONE NUMBER: 407 679 - 7905
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Add	evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
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	Burea &
:	ob S III
	EIVED  R 2 5 1998  of Air Monitoring  hobile Sources
COMMENTS:	phito
Facility in	
The Annual Compliance Certification form has been properl	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/	20   99 (Approximate)
INSPECTION CONDUCTED BY: TODA	Fletchev (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524
	Page of . Revised 10/90

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:0	AIRS ID#: 0950.306
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Master (164	nev DATE: 3/20/98
	emoran Blud
Ovlando FI	32797 PHONE NUMBER: 409 679- 7905
RESPONSIBLE OFFICIAL: LLD Helana Hud	PHONE NUMBER: 409 679- 7905
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
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	_ ~
	Bureau & N
?	of A
	EIVED R 2 5 1998 of Air Monitoring public Sources
COMMENTS:	onito
Facility in (	
·	<u> </u>
The Annual Compliance Certification form has been properly certified.	,
	pproximate)
INSPECTION CONDUCTED BY: TODO F	le + c hev
INSPECTOR'S SIGNATURE: TOWN TOUCH	PHONE NUMBER: 836-9524

Page\_\_\_of\_\_\_.

Revised 10/96

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#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TAPE OF INSPECTION:	RE-INSPECTION	COMPLAINT/DISCOVERY
	ı	7 TIME IN: 10:00 TIME OUT: 10:30
		leaners
FACILITY LOCATION:	533 5	Semovan Blud
	Orlanda	5 Fl 32797
RESPONSIBLE OFFICIAL:	Luz Helen	a Hut PHONE: 407-1579-7905
CONTACT NAME:		PHONE:
PART 1: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM	30 days prior to startup	p .
2. Facility failed to notify DARN	A to use general permi	it 🗆
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box)	on form that it is:	<ul><li>□ No notification form</li><li>□ Drop store/out of business/petroleum</li></ul>
À.		
1. Existing small area source dry-to-dry only, x < 140 gal/y		. New small area source □ ry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	tr	ransfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr (constructed before 12/9/91)		oth types, x < 140 gal/yr constructed on or after 12/9/91)
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	100 gal/yr d 0 gal/yr ti gal/yr b	i. New large area source Iry-to-dry only, $140 \le x \le 2,100$ gal/yr ransfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$ )
5. This is a correct facility cl	assification [	□Y □N □Can not determine
	ty qualified for a gener	ion: ral permit as number above s and is not eligible for a general permit
B. The total quantity of perchlo facility was 35 gallons.		chased within the preceding 12 months by this dry cleaning

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

B.	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?	DY DN	
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	١,
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?	DY DN DN/A	١
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A	٠
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 unstream from 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	L.

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)	_			
1. Maintained receipts for perc purchased?	OY ØN			
2. Maintained rolling monthly total of perc consumption?	DY DAY			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ØN ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	אוש אם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?	חל שו שו אים אם			
6. Maintained startup/shutdown/malfunction plan?	ON ON			
7. Maintained deviation reports?	אעש מס צם			
Problem corrected?	אס אם אם איי			
8. Maintained compliance plan, if applicable?	אוא לם אם אם אם			

PA	ART VI: LEAK DETECTION AND REPAIRS							
1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					ΩY	ַאַ פ	
2.	Has the facility maintained a leak log?					ΠY	ON	
3.	Does the responsible official check the f	ollowi	ng ar	cas for leaks?				
	Hose connections, fittings, couplings, and valves	UY	ПΝ	□N/A	Muck cookers	ɗY	□N □N/A	
	Door gaskets and scating	ØY	ПИ	□N/A	Stills	$G_{\rm Y}$	□N □N/A	
	Filter gaskets and seating	ďΥ	Пи	□N/A	Exhaust dampers	σγ	אואם אם	
	Pumps	ĽΥ	Пи	□N/A	Diverter valves	ØY	UN UN/A	
	Solvent tanks and containers	ďΥ	ПΝ	□N/A	Cartridge filter housings	ďΥ	□N □N/A	
	Water separators	ΠY	ПΝ	□N/A				
4.	Which method of detection is used by the	ic resp	onsit	ole official?		/	,	
	Visual examination (condensed so	lvent	on ex	terior surfaces)		$\square$		
	Physical detection (airflow felt thr	ough	gaske	ts)				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector						,	
	If using direct-reading instrumentation, is the equipment:					DAN/	Α	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠY	□N		
	b. Calibrated against a si (PID/FID only)?	tandar	d gas	prior to and aft	er each use	ΩY	□N	
	c. Inspected for leaks an	d obvi	ous s	igns of wear on	a weekly basis?	ΟY	ΠN	
	d. Kept in a clean and so			_	-	ПΥ	□N	
	e. Verified for accuracy					ΠY	□N	
in lease on								
	The Floring William							
	Inspector's Name (Please Print)  Date of Inspection							
	dod Tuck		>		3/10	0 9	8	
_	Inspector's Signature				Approximate Date of	Next	Inspection	

ADDITIONAL SITE INFORM	ATION:		
	. •		
	2		
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10.00 TIME OUT: 1030  TYPE OF FACILITY: Dry Cleaner  FACILITY NAME: Master Cleaner  FACILITY LOCATION: 533 S. Semo  OV Lando Fl  RESPONSIBLE OFFICIAL: Luz Heleva Hut	VS DATE: 12/16/97
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ated during this inspection, the facility is found to be in ative Code (F.A.C.).
No Perc Reciepts on site  Leak Detection Log not	
Leak Detection Log Not up to Date stop @ 10-4-97  No Rolling Perc Consumption records on site	
This is 3rd inspection this facility not in compliance. To be taken.	of this facility all three time will recommend suforcement action
The Annual Compliance Certification form has been properly certification.  DATE OF NEXT INSPECTION:  (Ap. 1997)	ied and submitted to the inspector.  YES NODE  Proximate)
INSPECTION CONDUCTED BY: TODO F INSPECTOR'S SIGNATURE: ON THE SIGNATURE: ON THE SIGNATURE OF THE SIGNATURE O	letchev ease Print)  PHONE NUMBER: 407-836-9524

Revised 10/96

## TITLE Y AIR GENERAL PERMIT COMPLIANCE PLAN GUIDELINES

The Department of Environmental Protection (DEP) has created the following guidelines to help facilities determine if they are required to submit a compliance plan to the Department. These guidelines will also help facilities develop a compliance plan and identify the required reports that they must submit.

- 1. If a facility has equipment without the required pollution control device(s) at the time their notification form was submitted to DEP and compliance was not achieved within 30 days of such notification, the responsible official must complete and submit a compliance plan to DEP.
- 2. The responsible official must develop a compliance plan for the entire location. If a responsible official is in charge of more than one location, a compliance plan must be developed for each location in which equipment is out of compliance.
- 3. The compliance plan may be in any format the responsible official chooses as long as milestones are identified and specific completion dates are assigned to each milestone. For example, a compliance plan may be in columns, a table, a letter, or any other format that contains the required information.
- 4. A compliance plan must contain the following: 1) a list of measurable and enforceable milestones and 2) specific dates for the completion of each milestone.

#### Examples:

Milestone: determine which company the control equipment will be purchased from Completion date: reasonable time period in which control equipment prices are compared

Milestone: obtain funds to install the control equipment

Completion date: reasonable time period in which a loan is applied for and received

Milestone: determine which company will install the control equipment

Completion date: reasonable time period in which quotes are accepted from different companies

Milestone: install the control equipment

Completion date: reasonable time period in which the parts are ordered and installed

- 5. The responsible official shall notify DEP in writing, within 15 days after the completion date for each milestone, detailing the achievement of compliance, progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that this notice is complete and accurate.
- 6. For answers to specific questions, please contact the district or local program representative in your area. On the back of these guidelines, you will find a list of these contact names.
- 7. Mail your signed and dated compliance plan to:

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

to bed

#### FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

# Title V Air Quality General Permit District and Local Program Contacts

Contact Person	Office	Location	Telephone #
Charles Norman	Northwest District	Pensacola	904/444-8364
Rick Banks	Northeast District	Jacksonville	904/448-4310 ext. 242
Louis Fernandez Maggie Cangro	Southwest District	Tampa	813/744-6100 ext. 126, ext. 125
Louis Nichols Sheila Schneider	Central District	Orlando	407/894-7555
Bruce Offord Lou Valcarenghi	Southeast District	West Palm Beach	407/681-6600
Sherrill Culliver Wayne Lewis	South District	Fort Myers	941/332-6975
Jim Edds	South District Branch	Marathon	305/289-2310
Ewart Anderson Marcelo Barros	Dade County	Miami	305/372-6925
Robert Wong John Coppola	Broward County	Fort Lauderdale	954/519-1248
Lori Tilley Wayne Tutt	Duval County	Jacksonville	904/630-3484
Leroy Shelton Bruce King	Hillsborough County	Tampa	813/272-5530
Al Grasso Ajaya Satyal	Palm Beach County	West Palm Beach	561/355-3070
Gary Robbins	Pinellas County	Clearwater	813/464-4422
Dennis Nester	Orange County	Orlando	407/836-7400
James Goerdt Susan Cameron	Sarasota County	Sarasota	941/378-6128

Small Business Assistance Program 800/722-7457 or 904/488-1344

## #0950306 BEST AVAILABLE COPY

# #0950306 Master Cleaners

	P.15 5.(c) not required, mark out "X"	
1. Fa		
2. Si		
3. H		
4. F		20792
5:		0306
6.		
7.		ode: 32927
8.		
		: .
9.	Name and Title of Facility Contact (For example, plant manager).  Canib Hotales - Hanaget	
10.	Facility Contact Address:	3279)
11.	Facility Contact Telephone Number: Telephone: (A) 679 - 7905 Fax: ( ) -	

RECEIVED

AUG 2 9 1996

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Master Cleaners of Orland Troc.
2.	Master Cleaners of Orlands Inc. Site Name (For example, plant name or number):
	Master Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 533 South Semman Blvd. Street Address:
	City: WinterPark County: Orange Zip Code: 32792
5.	Facility Identification Number (DEP Use):
	0950306
	Dom onsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Luz-Helena Hunt - President
7.	Responsible Official Mailing Address: Organization/Firm: Master cleaners of Oxlando Frx.
	Street Address: 6522 Harold Ave
	City: Cocoa County: Brevard Zip Code: 32927
8.	·
	Telephone: (407) 631 - 7070 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	
	Camillo Morales - Hanager
10.	Facility Contact Address:
	Street Address: 533 S. Jemorad Blud.
	City: Wither Park County: Orange Zip Code: 32792
11.	Facility Contact Telephone Number:
	Telephone: (AP) 679 - 7905 Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•	1	Initially	Device		Initially	Device		Initially	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-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	08-DEC-91	00-Dec-91				1		
(2) w/ carbon adsorber									<del></del>
(3) w/ no controls									<del>                                     </del>
Washer Unit		•							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber	T								
(9) w/ no controls									
Reclaimer Unit				٠.		· ·		٠.	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	<del> </del>								
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the	are requant	equired to be ity of perchlo ons ow many? [_	installed [	<b>y</b>	purchased in				· []
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour	rce [	3) of ]	Part II?	
					Ju .u .u.	٠	,		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (Indicate with an "X".)	on (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrigerated co	ndenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water generate exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total heat boiler HP or less), and (2) are fired exclusively by natural gas except during which propane or fuel oil containing no more than one percent All steam and hot water generating units exempt  No such units on-site	rating units on-site meet the following input of 10 million BTU/hr or less (298 t for periods of natural gas curtailment
Equipment Monitoring and Recordkeep	ing Information
Check all logs which are required to be kept on-site in accordance wi	th the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	(X) (M) (X)
(c) Refrigerated condenser temperature monitoring	15/00 /J
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	( <del>X</del> )

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

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

Ple	ase indicate	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	ιχι	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notific statements maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will pron	nptly notify the Department of any changes to the information contained in this notification.
	Signature	Harathat  Date 12/04/96

## Orange County Environmental Protection Department

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	Din		COMPLAINTY	DISCOVERY	
AIRS ID#:						
FACILITY NAME:	1cister	Cleu	nev	<u>S</u>		
FACILITY LOCATION:	533	5. 5	Sem	ovan P	Slud	
	Wutev	Par	<u> ۱۲</u>	FL	3279	<del>-</del> 17
PART I: NOTIFICATION						
(check appropriate box)		rrau.m.uu				
1. Existing facility notified DARN	1 by 9/1/96					
2. New facility notified DARM 30	days prior to st	artup				۵
3. Facility failed to notify DARM	to use general p	ermit				
PART II: CLASSIFICATION			The Market Property and a series of			
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	/	2. Nev dry-to- transfe	v smail a dry only, r only, x*	× area sourc <b>e</b> ×≤140 gal/yr <200 gal/yr		
both types, x<140 gal/yr (constructed before 12/9/91)			pes, x<1/ acted on	40 gal/yr 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="" both="" gally="" only,="" td="" transfer="" types,=""><td>gal/yr l/y<b>r</b></td><td>dry-to- transfe both ty</td><td>dry only, er only, 20 pes, 140</td><td>trea source , 140≤x≤2, 100 ; 00≤x≤1,800 gal/yr <x≤1,800 gal="" yr<br="">i or after 12/9/91</x≤1,800></td><td>/yr</td><td></td></x<2,>	gal/yr l/y <b>r</b>	dry-to- transfe both ty	dry only, er only, 20 pes, 140	trea source , 140≤x≤2, 100 ; 00≤x≤1,800 gal/yr <x≤1,800 gal="" yr<br="">i or after 12/9/91</x≤1,800>	/yr	
This is a correct facility classifica	ntion	ŒŶ	ÜN			
If no, please check the appropria	te classification:					
facility qualified the facility oxecods				nbove n general permi	`. I <b>t</b>	1
B. The total quantity of perchlor	oethylene (perc)	purchased	l within t	the preceding 12	2 months by th	is dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged? 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

DY DN

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON
Is the temperature differential equal to or greater than 20° F?	טי טא טי
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?	UY 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?	טץ טא
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
AND	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for pere purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
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
4. Maintained calibration data? (for direct reading instruments only)	ם או עם אום אום אום
5. Maintained exhaust duct monitoring data on perc concentrations?	אןא אם צם
6. Maintained startup/shutdown/malfunction plan?	MY ON Musta
7. Maintained deviation reports?	DY BHY
Problem corrected?	DY ON NA
8. Maintained compliance plan, if applicable?	חאוס אם עם ביי
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	AY ON
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	
Physical detection (airflow felt through gaskets)	, <mark>o</mark>
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	W.

If using direct-reading instrume	entation,	is the equi	pment:				
a. Capable of detecting p	ŒΥ	ПN					
b. Calibrated against a s (PID/FID only)?	ΠY	ON MA					
e. Inspected for leaks an	vear on a weekly basis?	ЦÝ	ПN				
d. Kept in a clean and so	ecure are	a when not	in use?	₫Y	□N		
e. Verified for accuracy	by use of	f duplicate :	samples (calorimetric only)?	ΠY	ON N/A		
3. Has the facility maintained a leak log?				ПΥ	OM		
4. The following areas should be checked	for leaks	s by the ims	sociati Respons Official				
		Detected?	•	Leak	Detected?		
Hose connections, fittings, couplings, and valves	ÜΥ	CM	Muck cookers	ШΥ	<b>□</b> N		
Door gaskets and scating	ŪΥ	CIN	Stills	ΠY	DIN		
Filter gaskets and scating	ÜΥ	DN/	Exhaust dampers	ΠY	ΔN		
Pumps <sub>,</sub>	ΠY	ON	Diverter valves	ΠY	MED		
Solvent tanks and containers	ΠY	ZN	Cartridge filter housings	ΠY	12M		
Water separators	ΠY	ĽΖN					
Name of Responsible Official  TOD Fletcher  Inspector's Name (Please Print)  Date of Inspection  Approximate Date of Next Inspection							

ADDITIONAL SITE INFORMATION:		1
	•	
		·
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	•	
•		
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**'.** '

## Orange County Environmental Protection Department

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ABBUAL RE-INSPECTION	LI COMPLABITIDISCO	OVERY ()
AIRS 10#:0950306 1	DATE: 6/4/9	INIT	E OUT:
FACILITY NAME:	Master C	leaners	
		Semovan Blud.	
	•	F-( 32897	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	RM by 9/1/96		Ü
2. New facility notified DARM	30 days prior to starte	ijı	CI
3. Facility failed to notify DAR	M to use general pern	nit	Ü
A.  1. Existing small area soo dry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr		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	: :
1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91).  3. Existing large area sou	yr ) nrce 🗀	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)  4. New large area source	; :
1. Existing small area soo 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 ) nrce □ 100 gal/yr ) gal/yr al/yr	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)	; :
1. Existing small area soudry-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 soudry-to-dry only, 140 <x<2, (ypes,="" 140<x<1,800="" 200<x<1,800="" g<="" goth="" only,="" td="" transfer=""><td>yr nce □ 100 gal/yr ) gal/yr gal/yr</td><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>; :</td></x<2,></td></x<2,>	yr nce □ 100 gal/yr ) gal/yr gal/yr	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)  4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>; :</td></x<2,>	; :
1. Existing small area soudry-to-dry only, x<140 gal/stransfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>yr  nrce  100 gal/yr  gal/yr  al/yr  1)</td><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>; :</td></x<2,></td></x<2,>	yr  nrce  100 gal/yr  gal/yr  al/yr  1)	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)  4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>; :</td></x<2,>	; :

#### 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? UY UN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? LIY UN UN 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) UY UN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? CIY LIN LINIA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY UN UN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? UY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? UY UN Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? UY UN

Ţ	3. 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?	CIY (III)
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	LIY LIN
	Is the temperature differential equal to or greater than 20" F7	UY UN
3	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	אואם אם צם.
	Is the pere concentration equal to or less than 100 ppm?	DY UN
4	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	נוץ טא
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CIY CIN CIN/A
6	Routed airflow to the carbon adsorber (if used) at all times?	אאט אנז צנ
. ,		
J	PART V: RECORDICEPING REQUIREMENTS	
	Tas the responsible official: (check appropriate boxes)	
	I. Maintained receipts for perc purchased?	מע עווי,
1	2. Maintained rolling monthly averages of pere consumption?	LIY LWI
1	3. Maintained leak detection inspection and repair reports for the following:	,
	a, documentation of leaks repaired w/in 24 hrs? or;	DA FNA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מצ עא
	4. Maintained calibration data? (for direct reading instruments only)	מא מא קאיע
	5. Maintained exhaust duct monitoring data on perc concentrations?	UY UN MA
	6. Maintained startup/shutdown/malfunction plan?	MY UN
	7. Maintained deviation reports?	CIY CAN
- 11		,
1	Problem corrected?	CIY WIN

	/
The property of the second property of the se	,
PART VI: LEAK DETECTION AND REPAIRS	
אייייייייייייייייייייייייייייייייייייי	Can .   . w . w . w . a . d . d . d . d
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Y UN

. Which method of detection is used by the responsible official?					
Visual examination (condensed sol	vent on e	xterior su	rfaces)	ر کنا	
Physical detection (airflow felt thic	ough gask	cts)		u/	
Odor (noticeable perc odor)				5	1
Use of direct-reading instrumentati	ion (FH)/	PHD/calor	imetric tubes)	CI	
N using direct-reading instrumentation, is the equipment:			ipment:		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ations in a range of 0-500 ppm?	CIY C	111
<ul> <li>b. Calibrated against a standard gas prior to and after each use</li> <li>(PID/FID only)?</li> </ul>			and after each use	בוץ ב	11/1
c. Inspected for leaks and	Lobvious	signs of s	vear on a weekly basis?	DY C	314
d. Kept in a clean and secure area when not in use?			t in use?	DY CIM	
e. Verified for accuracy by use of duplicate samples (catorimetric only)?			samples (calorimetric only)?	CIY (	1107
3. Has the facility maintained a leak log?				CIY (	_rf-1
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	ĽΨ	ИСЭ	Muck cookers	ω√γ	CIN
Door gaskets and scating	ĽΛΥ	UN	Stills	ΓΆ. Υ	ПИ
Filter gaskets and scatting	CYY.	UN	Exhaust dampers	MY	LIN
Pumps	ΨY	ЮΝ	Diverter valves	WY	UM
Solvent tanks and containers	цy	ПИ	Cartridge filter housings	MY	ИШ
Water separators	EIY	ИС			

Lot Helena Hot	; ·
Name of Responsible Official	
Todd Fletcher	6/4/97
Inspector's Name (Please Print) Inspector's Signature	Date of Inspection  17 (47  Approximate Date of Hext Inspection

### **Orange County Environmental Protection Department**

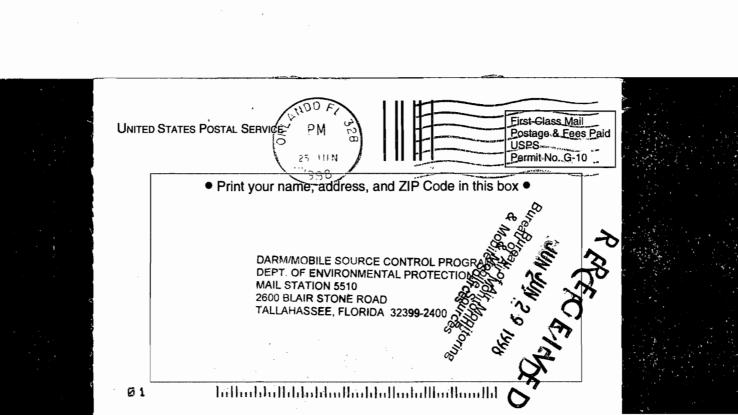


## TUTLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL (1) COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: ZOO TIME OUT: 24 TYPE OF FACILITY: Dry Cleaner	5 AIRS ID#: 0950306
FACILITY NAME: Master Cleaners	DATE:
FACILITY LOCATION: 533 S. Semovan	1310d
RESPONSIBLE OFFICIAL: LUZ HYLICUS HU-t	52112 1000 MINISTRUMED (457) 4570-7905
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate	ive Code (F.A.C.).
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO records are Keep on leaks, perc, corrective action	Six month reinspection
No veceipt of perc.	six month reinspection
Need to have vapor letector Book on site	31x month veruspection
need to calibration Logs of vapor detector	SIX month veinspection
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	itied and submitted to the inspector. YES NO
•	pproximate)
INSPECTION CONDUCTED BY: 1000 F1	PHONE NUMBER: 407 836 9524
INSPECTOR'S SIGNATORES.	
Page	Revised 10/9

	Z 333 6	.13 540
Į	JS Postal Service  Receipt for Cert	tified Mail
,	AIRS I MASTER CLEANER LUZ-HELENA HUN 6522 HAROLD AVE COCOA FL 32927	ID# 0950306 RS OF ORLANDO INC NT E
	Postage	\$
1	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
Ŕ	Return Receipt Showing to Whom & Date Delivered	
Ē.	Return Receipt Showing to Whom, Date, & Addressee's Address	l,
׆ ֡֞֡֞	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

	over top of envelope to	enil at line		
rse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.	l'also wish to receive the following services (for an extra fee):		
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	ce does not	1. Addressee's Address	
ther	■ Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an		2.   Restricted Delivery	
on t	delivered.		Consult postmast	ter for fee.
	3. Article Addressed to:	4a. Article N		765
completed	AIRS ID# 0950306	2333613540		40
֓֞֞֝֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	MASTER CLEANERS OF ORLANDO INC	4b. Service Type		
	LUZ-HELENA HUNT	□ Express Mail □		Certified 9
SS	6522 HAROLD AVE			☐ Insured .
ADDRESS	COCOA FL 32927			□ COD
		7. Date of De	eliyery	9
Z		10	45	9
RETUR	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only i paid)	requested
	6. Signature: (Addressee or Agent)	1		•
s your	XADAX			
] _	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Retu	ırn Receipt





### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

### LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- ( ) 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- ( ) 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- ( ) 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

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

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

## RECEIVED

MAR 2 5 199\*

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

NUAL

COMPLAINT/DISCOVERY

Bureau of Air Monitoring & Mobile Sources

	98 TIME IN: 10:30 TIME OUT: 11:00					
FACILITY NAME: Master Cleaner						
facility location: 533 S.	FACILITY LOCATION: 533 S. Sevyovan Blud					
Orlando	S. Fl 32797					
RESPONSIBLE OFFICIAL: Luz Hele	na 1-lut PHONE: 407 679 - 7905					
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 U					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum					
Λ. (Check appropriate σοχ)	a trop storerout or ousness/perroreum					
1. Existing small area source	2. New small area source					
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$ gal/yr					
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, $x < 200$ 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, $140 \le x \le 2,100 \text{ gal/yr}$	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	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 on or after 12/9/91)					
5. This is a correct facility classification	□N □Can not determine					
	ication: cueral permit as number above imits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) facility was 35 gallons.	purchased within the preceding 12 months by this dry cleaning					

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	מארם אנו אם			
2. Examining the containers for leakage?	אואט אט אָע			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מא מט מט אט			
5. Maintaining solvent-to-earbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	מא מא מאוע אמ			
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 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 refri (complete $\bf A$ and $\bf B$ 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?	מט עט			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ם א רוח מאיע			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	' טע טא			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מץ מא			

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	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΊΥ	ПN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ĽΙΥ	ÜN	ĽIN/Λ
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	CΙΥ	ШN	□N/ <b>Λ</b>
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/V
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?	ΠY	ПN	□N/Λ

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OZY ON			
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;	אאם אם אַצַ			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	GY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	רבו א רבו אולא			
5. Maintained exhaust duct monitoring data on pere concentrations?	אואם אם צם			
6. Maintained startup/shutdown/malfunction plan?	œY □N			
7. Maintained deviation reports?	OY ON PRIA			
Problem corrected?	ON ON QNIV			
8. Maintained compliance plan, if applicable?	OY ON MON/A			

17	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ЦΥ	UN		
2.	Has the facility maintained a leak log?				ŒΎ	ΠN		
3.	Does the responsible official check the f	ollowii	og areas for leaks?					
	Hose connections, fittings, couplings, and valves	ΔY	□N □N/A	Muck cookers	σγ	CIN DN/A		
	Door gaskets and scating	dY	□N □N/A	Stills	ďΥ	טא 🗆 איע		
	Filter gaskets and scating	ØΥ	ON ON/V	Exhaust dampers	ØΥ	ÜN □N/A		
	Pumps	ďУ		Diverter valves	ar.	טא 🗆 איא		
	Solvent tanks and containers	त्य Y	ON ON/A	Cartridge filter housings	ΔY			
	Water separators	ØΥ	□N □N/A					
4.	Which method of detection is used by the	ic respo	onsible official?					
	Visual examination (condensed so	lvent c	on exterior surfaces)		ď			
	Physical detection (airflow felt thr	u⁄						
	Odor (noticeable perc odor)	12	$\sigma$					
	Use of direct-reading instrumenta	A.						
	Halogen leak detector	R/	$\cancel{\mathcal{B}}$					
	If using direct-reading instru	UN	/^					
	<ol> <li>Capable of detecting p</li> </ol>	ŰY	ÜN					
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	ŪΥ	UN					
	c. Inspected for leaks an	d obvi	ous signs of wear on	a weekly basis?	ŪΥ	ПN		
	d. Kept in a clean and so	ecure a	rea when not in use?		ÜΥ	ÜN		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ПN		
-	Inspector's Name (Please Print)  Jacob G8  Date of Inspection							
	dold Old			3/2	0/9	9		

ADDITIONAL SITE INFORMATION:	
·	
	-

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so the card to you.  Attach this form to the front of the mailpiece, or on the back if spermit.  Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	I also wish to receive the following services (for an extra fee):  1.		
3. Article Addressed to:  AIRS ID 0950306	4a. Article N	lumber 3 613 002	
MASTER CLEANERS OF ORLANDO INC LUZ-HELENA .HUNT	4b. Service		
6522 HAROLD AVE	☐ Register	ed	
COCOA FL 32927	☐ Express	Mail Insured	
	☐ Return Re	☐ Return Receipt for Merchandise ☐ COD	
	7. Date of D	elivery/98	
Received By: (Print Name)  8. Addressee's Address (Only if reques and fee is paid)			
6. Signature: (Addressee or Agent)	1		
PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Return Receip	

		17 007
	Z 933 L	יוק מחב
Ì	IS Postal Service Receipt for Cert	ified Mail
*	MASTER CLEANER LUZ-HELENA HUN 6522 HAROLD AVE COCOA FL 32927	AIRS ID 0950306 S OF ORLANDO INC T
Ì	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

TYPE OF INSPECTION:	ANNUAL	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	0950306
TYPE OF FACILITY:	Dry Cleane	L	•	-
FACILITY NAME:	. 10	nevs		DATE: 6 4 97
FACILITY LOCATION:		enci	an Blud	
	Ovlando Fi		37797	
RESPONSIBLE OFFICIAL:	Luz Helana	Hut		R: (407) 679- 7905
<u></u>	the compliance requiremen Rule 62-213.300, Florida A		ed during this inspection, the fair	acility is found to be in
Based on the results of discrepancies were not	-	nts evaluate	ed during this inspection, the f	ollowing compliance
COMPLIANCE REQ		EM	FOLLOW-UP AC	TION REQUIRED
Hazardous cont	rainers not sca	alred		
NO Perc receip	ots on site			
No Rolling F	Perc consumption Leep		·	
No leak E	Setection Log			
	1	* ***	t	
			No original section of the section o	
COMMENTS:				
				.*
The Annual Compliance Certification	ication form has been prope	rly certifie	d and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	ON:	12/4	1/97 roximate)	
INSPECTION CONDUCTED	DBY: TOI	50 F	ase Print)	D. 407 826 9574

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	C COMPLAINT/DISCOVERY   N
AIRS ID#: <u>0950.306</u> DATE: 10/29/ FACILITY NAME: MASTER CL	98 TIME IN: 0930 TIME OUT: 1035
FACILITY LOCATION: 533 S	SEMORAN BLVD.
	FC 32797
RESPONSIBLE OFFICIAL: CAMILO	MURALES PHONE: 407-679-7905
	PHONE:
1	
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: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large 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  (constructed on or after 12/9/91)  4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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 on or after 12/9/91)
(constructed before 12/9/91)  5. This is a correct facility classification	· · · · · · · · · · · · · · · · · · ·

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

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MY ON			
2.	Has the facility maintained a leak log'	·		AY ON			
3.	Does the responsible official check the	c following areas for leaks?	?				
•	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ADA CIN DN/V			
	Door gaskets and scating	אואם אם צוא	Stills	אותם אם צים.			
	Filter gaskets and scating	איום אם אין	Exhaust dampers	DY ON ON/A			
	Pumps	אומם מם צביג	Diverter valves	EN ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Ï	Water separators	DA CIN ON/Y					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)	6			
	Physical detection (airflow felt	through gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumer	itation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector						
ļ	If using direct-reading ins	trumentation, is the equi	pment:	<b>() (</b> () ()			
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against (PID/FID only)?	DY ON					
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON			
	, d. Kept in a clean and	I secure area when not in u	sc?	OY ON			
	e. Verified for accura	cy by use of duplicate samp	oles (calorimetric only)?	OY DN			
	1						

ASS & F.A. HAILEMARTAM
Inspector's Name (Please Print)

Date of Inspection

D1/29/99

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE IN	FORMATION:			
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TYPE OF INSPECTION:	ANNUAL A	COMPLAINT	/DISCOVÉRY	RE-INSPECTION
TIME IN: 0930	TIME OUT: 10	35	AIRS ID#:	50306
TYPE OF FACILITY:	DRYCLEAME	eR	- george de la companya de la compan	
ACILITY NAME:	MASTER CL			DATE: 10/29/98
ACILITY LOCATION:			L BLVDA	
	ORLANDO		32757	
ESPONSIBLE OFFICIAL:_	CAMILO W	OLALE	S PHONE NUMBER:	407-679-7905
	f the compliance requirements of Rule 62-213.300, Florida Adm			ity is found to be in
Based on the results of discrepancies were no	f the compliance requirements of ted:	evaluated durin	g this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	M F	OLLOW-UP ACTIO	QN <sup>r</sup> REQUIRED
		· •		Japan Marie Commission
<u> </u>			- 4	CELL
			& Mobile	Source foring
			.htt.chadd	OUTCE OTING
		£ .		
	***** a **			
CUSTOM  OLDER	HE DISTILLO 100 Stop USIN	ation ug Dis N 10/2	TANKIS L +sllation for 18/98.	LEAKS or Now and
	ication form has been properly	certified and s	ubmitted to the inspector.	YES NO
OATE OF NEXT INSPECTI	on: 01/2	(4 pproxima	te)	
NSPECTION CONDUCTE	DBY: ASSEFA	HAI (Please Prin	LEMARIAM	
NSPECTOR'S SIGNATUR	E: onefor Here	learaçõe	PHONE NUMBER:	407 - 836 - 932 Revised 10/96
	<i>[</i> .	age 1 of 1		Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

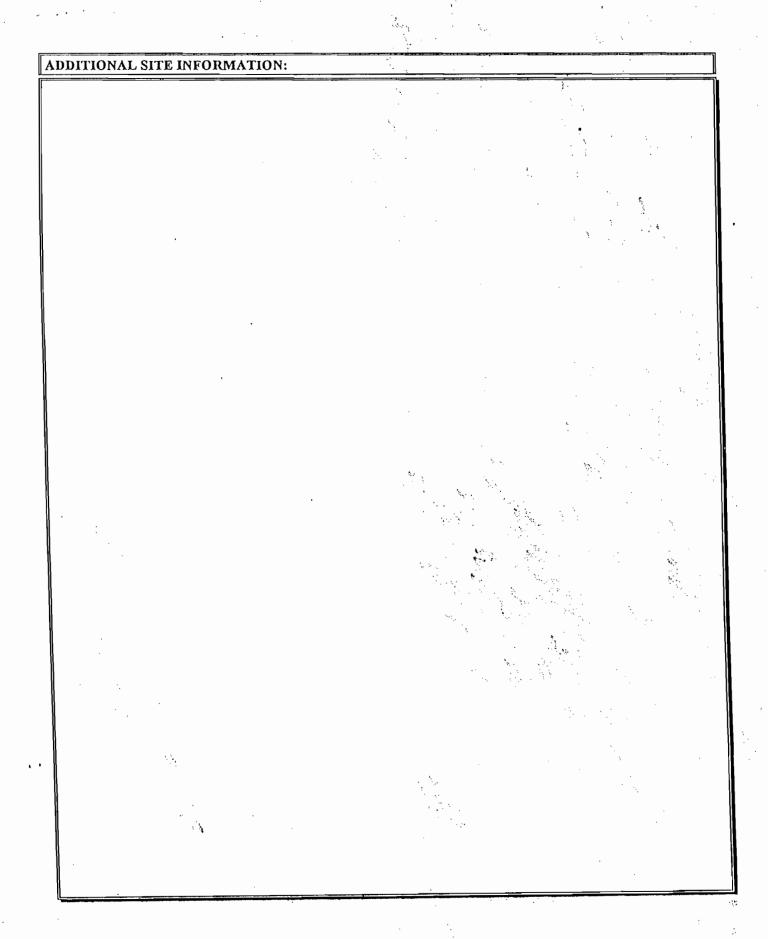
TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	COMPLAINT/DISCOVERY				
005.020/	12 /15 /					
AIRS 10#: 0730306	DATE: 14/15/	98 time in: 0850 time out: 0915				
FACILITY NAME:						
FACILITY LOCATION: 533 S. Semoran Blvd.						
	Orlando, F	L 32797				
RESPONSIBLE OFFICIAL	: Camilo M	orales MONE: 407-679-7905				
CONTACT NAME:		PHONE:				
PART I: NOTIFICATION						
(check appropriate box)		RECEIVED				
New facility notified DAR	M 30 days prior to startu	ın 🗀				
2. Facility failed to notify DA		DEC 5 8 1840				
		Bureau of Air Monitoring				
PART II: CLASSIFICATIO	)N	& Mobile Sources				
Facility indicated on notificated check appropriate box)		& Mobile Sources  D'No notification form  D'Drop storc/out of business/petroleum				
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so	ntion form that it is:  nurce W.  nurce W.  nurce W.  nurce W.  nurce D.	& Mobile Source  ☐ No notification form ☐ 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)  4. New large area source				
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	ation form that it is:  onrce onlyr  yr  1)  ource  2,100 gal/yr ,800 gal/yr 00 gal/yr	& Mobile Sources  ☐ No notification form ☐ 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)				
Facility indicated on notifies (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is:  ource	& Mobile Sources  Drop storc/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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr				
Facility indicated on notifies (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility of the please check to the please check to the property of the please check to the property of the pro	ation form that it is:  ource al/yr  yr  21)  ource accessification  the appropriate classificacility qualified for a gen	Mobile Source  □ No notification form □ 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)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
Facility indicated on notifies (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility of the property of the	ation form that it is:  ource al/yr yr  21)  ource 2,100 gal/yr ,800 gal/yr 00 gal/yr 01)  y classification  the appropriate classification generality qualified for a generality exceeds above lime chloroethylene (perc) pure	No notification form  □ 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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY UN UNIA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? MAID NO AM ПN 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-earbon ratios and steam pressure for carbon adsorber CIY LIN UBN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? AYND NO YD 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 CY CIN CIN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the UY UN UN/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? DY UN

B.	Has the responsible official of an existing large or new large area source also:			
i.	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	ЦN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	ŪΝ/Λ
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШΝ	ÜΝ/Λ
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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ロΝ	<b>□</b> Ν/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:						
(check appropriate boxes)						
1. Maintained receipts for pere purchased?	QA 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;	איאים אים אים					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מא סט סאיע					
4. Maintained calibration data? (for applicable direct reading instruments)	אואש אם צם 🌡					
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אנו ענו					
6. Maintained startup/shutdown/malfunction plan?	DAY LIN					
7. Maintained deviation reports?	CIY ON MIN/A					
Problem corrected?	אואש אט צט או					
8. Maintained compliance plan, if applicable?	בוא סאלוע אם אם					

PART VI: LEAK DETECTION AND F	EPAIRS	t,	
Does the responsible official conduct a		i waalilu) laak dataatian a	
inspection?	recently (for small sources, o	-weekly) leak detection as	MY UN
2. Has the facility maintained a leak log?		N	DAY CIN
3. Does the responsible official check the	following areas for leaks?	:	
Hose connections, fittings, couplings, and valves	מא טא טאיע	Muck cookers	מא טא טאיע
Door gaskets and scating	DAY ON ON/A	Stills	DY ON ON/A
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	באץ נוח נוחיא
Pumps	DY CIN CIN/A	Diverter valves	שארם ארש באיע
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DAY CON CONVA
Water separators	מאל מא מאלע		
4. Which method of detection is used by t	he responsible official?	•	. 5
Visual examination (condensed s	olvent on exterior surfaces)		· 10/
Physical detection (airflow felt th	rough gaskets)		
Odor (noticeable perc odor)	<u>.</u>	:	<b>.</b>
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	·- a
Halogen leak detector	** ;	the North	
If using direct-reading insti	umentation, is the equipm	ient:	UNI/A
a. Capable of detecting	pere vapor concentrations i	n a range of 0-500 ppm?	□Х □Й
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	der each use	□У □И
c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	UY UN
d. Kept in a clean and s	secure area when not in use	?	CY CN
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
	<b>\</b>		
l			
Ilka Bundy		12/15/ Date of Ins	198
Inspector's Name (Please Pr	int)	Date of Ins	ection



TYPE OF INSPECTION:	ANNUAL 🔽	COMPLAIR	NT/DISCOVERY	RE-INSPECTION
TIME IN: 0850	TIME OUT:	0915	AIRS ID#:	0950306
TYPE OF FACILITY: Dry	Cleaner			
FACILITY NAME: Mas	ter Cleaner			DATE: 12/15/98
FACILITY LOCATION: 53	3 S. Semor			, ,
Or	1	32797		
RESPONSIBLE OFFICIAL:	Camilo Mor	ales	PHONE NUMBE	R: 407-679-7905
Based on the results of the compliance with DEP Ru			_	facility is found to be in
Based on the results of the discrepancies were noted		nts evaluated du	ring this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUIRED
			_	116ED
			R E C	CEIVED
				DEC 2 8 1998
			. Bure	au of Air Monitoring & Mobile Sources
			٠.	
Facility in	order.	Given 1	999 Dry (1	Paner Calender.
The Annual Compliance Certification	ation form has been prop	erly certified and	I submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION	N:	12/15/9	g nate)	
	T11.	(Approxi	nate)	
INSPECTION CONDUCTED	BY: <u>1   Κα</u>	BUNAY (Planes B	rint)	
INSPECTION CONDUCTED !	Ilha Bunc	(i lease i	PHONE NUMBI	ER: 836- 9524
		Page of_		Revised 10/96

# Orange County Environmental Protection Department | V | Aug | Registration | Aug | Registration | Aug | Registration | Aug | Registration | R

			<u> </u>	
FACILITY NAME: Master Cleaners FACILITY LOCATION: 533 South Se			DA	TE: 8 17/99
FACILITY LOCATION: 533 South Se	moran B	Ivd.		
			<del> </del>	
Annual Reporting Period: 2/16/97	19	TO	12/15/98	19
Based on each term or condition of the Title V general air	r permit, my facili	tv has remain	ned in compliance with	) DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during				NO
	•	•		
If NO, complete the following:			<b>^</b>	
#1. Term or condition of the general permit that has not	been in continuous	s compliance	during the reporting i	period stated above:
		-		
	<u> </u>			<u> </u>
Exact period of non-compliance: from	*	to_	Ollie Car	
Action(s) taken to achieve compliance:	·		Charles I	
Method used to demonstrate compliance:			O, C, J, C	_ <del></del>
			<b>S</b> 17/	<b>&amp;</b>
#2. Term or condition of the general permit that has not	been in continuou	s compliance	during the reporting I	period stated above:
		•		
				<del>:</del>
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 info made in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not exce	. Further, my ann	ual consump	tion of perchloroethyl	ene solvent, based
year for transfer or combination facilities.	, , N	111		. 1 /
RESPONSIBLE OFFICIAL: LUZ-HEROT	2 th	MHelle	ath I	<u>8/17/99</u>
Name (Please Pr	int)	•	Signature	Date /

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ALMS
12-14-90
X

TYPE OF INSPECTION:	ANNUAL	CON	MPLAINT/DISCOV	/ERY	
•	RE-INSPECTION	a			
			Bui		
AIRS 10#: 0950306 D	MTE 12-10-99	TIME IN.	340 mas	E THE	M
			IIME G	کر: این آثار:	
FACILITY NAME:Ma			. e		
FACILITY LOCATION: 5	33 South	Semoran	Blud, &	2 2 1999 Si Air Monitoring	M
	Orlada	777	97	G G	O
	Ortando, r	521	1 /	<u>G</u>	
RESPONSIBLE OFFICIAL:	Camilo Mor	rales PHO	NE: 407-6	19-790	25
CONTACT NAME:		РНО	NE:		
12-10-99 905 Ty @ 1400	12-10-99 Call or stop	by		·	
PART I: NOTIFICATION					
(check appropriate box)					
	0 4				
<ol> <li>New facility notified DARM 3</li> </ol>	o days prior to startup				
•					a ·
•					
2. Facility failed to notify DARM					<u> </u>
New facility notified DARM 3     Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification	1 to use general permit	ПN	o notification form		
2. Facility failed to notify DARM	1 to use general permit		o notification form		
2. Facility failed to notify DARM PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A.	I to use general permit	□ D	rop store/out of bus	siness/petro	
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	f to use general permit  form that it is:	□ D New small area so	rop store/out of bus	siness/petro	
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	f to use general permit  form that it is:  a 2.(	New small area so to-dry only, x < 14	rop store/out of bus urce 10 gal/yr	siness/petro	
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source	f to use general permit  form that it is:  dry tran	□ D New small area so	rop store/out of bus urce C 10 gal/yr gal/yr	siness/petro	leum
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	f to use general permit  form that it is:  dry tran boti	New small area so to-to-dry only, $x < 14$ asfer only, $x < 200$	rop store/out of bus urce E 10 gal/yr gal/yr J/yr	siness/petro	
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	f to use general permit  form that it is:  a 2.( dry tran bott (con	New small area son- to-dry only, x < 14 asfer only, x < 200 g th types, x < 140 gal instructed on or afte	rop store/out of bus urce E 10 gal/yr gal/yr l/yr r 12/9/91)	iness/petro  New 5-8	leum Machin
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	f to use general permit  form that it is:  dry tran bott (con	New small area so to-dry only, x < 14 asfer only, x < 200 gainstructed on or afte	rop store/out of bus urce E 10 gal/yr gal/yr l/yr r 12/9/91)	iness/petro  New 5-8	leum
2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,16	f to use general permit  form that it is:  a 2.0  dry tran boti (coi  00 gal/yr dry	New small area son to-dry only, x < 14 asfer only, x < 200 g th types, x < 140 gal anstructed on or afte New large area son to-dry only, 140 ≤	rop store/out of bus urce E 10 gal/yr gal/yr l/yr r 12/9/91) urce E x \le 2,100 gal/yr	iness/petro  New 5-8	leum Machin
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PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	form that it is:  a form that it is:  a dry tran bott (con  2.0 4.0 00 gal/yr gal/yr tran that it is:	New small area so to-dry only, $x < 14$ asfer only, $x < 200$ sh types, $x < 140$ gal instructed on or afte New large area sout-to-dry only, $140 \le$ asfer only, $200 \le x \le$ to types, $140 \le x \le 1$	rop store/out of bus urce □ 10 gal/yr gal/yr l/yr r 12/9/91) urce □ x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr	iness/petro  New 5-8	leum Machin
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2. Facility failed to notify DARM  PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)	form that it is:  a 2.( a dry transbott (constant)  a 4.( a dry transbott (constant)  a dry transbott (constant)  a dry transbott (constant)  a dry transbott (constant)  a dry transbott (constant)	New small area so to-dry only, $x < 14$ asfer only, $x < 200$ gal th types, $x < 140$ gal instructed on or afte New large area sou to-dry only, $140 \le$ asfer only, $200 \le x \le$ th types, $140 \le x \le 1$ instructed on or afte	rop store/out of businesses  urce  10 gal/yr  gal/yr  l/yr  r 12/9/91)  urce  x \le 2,100 gal/yr  \le 1,800 gal/yr  1,800 gal/yr  r 12/9/91)	iness/petro  New 5-8	leum Machin
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PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the approach is a correct facility class are constructed before 12/9/91)	form that it is:  a 2. (dry transbott)  c 00 gal/yr dry gal/yr transbott (consistication depropriate classification depropriate for a general	New small area sont-to-dry only, x < 14 asfer only, x < 200 gales in types, x < 140 gales instructed on or after to-dry only, 140 ≤ asfer only, 200 ≤ x ≤ in types, 140 ≤ x ≤ 1 astructed on or after the types is the types in types in types.	rop store/out of businesses  urce 10 gal/yr gal/yr 1/yr 12/9/91)  urce 1,800 gal/yr 1,800 gal/yr 1,800 gal/yr 1,2/9/91)  un not determine  above	iness/petro  New 5-8	leum Machin
ART II: CLASSIFICATION  acility indicated on notification theck 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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	form that it is:  a form that it is:  a dry tran bott (con  2.0 4.0 00 gal/yr gal/yr tran that it is:	New small area so to-dry only, $x < 14$ asfer only, $x < 200$ sh types, $x < 140$ gal instructed on or afte New large area sout-to-dry only, $140 \le$ asfer only, $200 \le x \le$ to types, $140 \le x \le 1$	rop store/out of bus urce □ 10 gal/yr gal/yr l/yr r 12/9/91) urce □ x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr	iness/petro  New 5-8	leum Machin
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the appropriate to notify a constructed before 12/9/91)	form that it is:  a form that it is:  a dry tran bott (con  00 gal/yr gal/yr tran l/yr bott (con  con  con  con  con  con  con  con	New small area sont-to-dry only, x < 14 asfer only, x < 200 gales in types, x < 140 gales instructed on or after to-dry only, 140 ≤ asfer only, 200 ≤ x ≤ in types, 140 ≤ x ≤ 1 astructed on or after the types is the types in types in types.	rop store/out of businesses  urce 10 gal/yr gal/yr 1/yr 12/9/91)  urce 1,800 gal/yr 1,800 gal/yr 1,800 gal/yr 1,2/9/91)  un not determine  above	iness/petro  New 5-8	leum Machin

facility was

gallons.

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

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed □Y □N
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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	
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?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	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?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	□Y □N □N/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	□Y □N □N/A

PART VI:	LEAK DETECTION AND RI	EPAIRS			
1. Does th	e responsible official conduct a w	eekly (for	small sources, b	oi-weekly) leak detection as	nd repair
inspecti	ion?				□Y · □N
2. Has the	facility maintained a leak log?				□Y □N
3. Does th	e responsible official check the fo	ollowing ar	eas for leaks?		
ll .	ose connections, fittings, couplings, and valves	□Y □N	□N/A	Muck cookers	OY ON ON/A
D	oor gaskets and seating	□Y □Ñ	□N/A	Stills	□Y ƊN □N/A
Fi	lter gaskets and seating	□Y □N	□N/A	Exhaust dampers	OY ON ON/A
Pι	ımps	□Y □N	□N/A	Diverter valves	OY ON ON/A
So	olvent tanks and containers	□Y ·□N	□N/A	Cartridge filter housings	OY ON ON/A
w	ater separators	□Y □N	□N/A		
4. Which r	nethod of detection is used by the	e responsib	le official?		
Vi	isual examination (condensed sol	vent on ext	terior surfaces)	·	<u> </u>
Ph	nysical detection (airflow felt thro	ough gaske	ts)		
O	dor (noticeable perc odor)				Q
Us	se of direct-reading instrumentati	on (FID/PI	D/calorimetric t	cubes)	
Ha	alogen leak detector				<b>1</b>
	If using direct-reading instru	mentation,	, is the equipme	ent:	□N/A
	a. Capable of detecting pe	erc vapor ć	oncentrations in	a range of 0-500 ppm?	ÖΛ ПИ
	b. Calibrated against a sta (PID/FID only)?	ndard gas <sub>l</sub>	prior to and afte	r each use	□Y □N
	c. Inspected for leaks and	obvious si	gns of wear on	a weekly basis?	$\Box Y_{\perp} \Box N$
	d. Kept in a clean and sec	ure area wl	hen not in use?		OY ON
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	OY ON
					·
				•	
	Inspector's Name (Please Print)	)		Date of Inspection	
	·				<u> </u>
	Inspector's Signature			Approximate Date of I	Next Inspection

Site Inspection on December 10, 1999:

Records indicated:

Records indicated:

May 08-1999 Installed New Dry Cleaning

Machine.

Only conducting bi-weekly inspections.

No Condenser temperature log.

Perc purchases running total incorrect.

No 1999 Perc receipts on site.

Næds to notify Tallahassee of change in permit

condition.

Needs new epoxy coating around dry cleaning machine.

### **Orange County Environmental Protection Department**

AIRS ID#: 0950306

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Master	Cleaners			DATE:	
FACILITY LOCATION: 533	S. Semo	ran	Blud.		
Orlo	indo, FL	3279	7		
Annual Reporting Period:Dec	. 15	19_98	то		_19
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code	•			ė –	
If NO, complete the following:					
#1. Term or condition of the general per	nit that has not been in	n continuous	compliance during	the reporting period stated	above:
Exact period of non-compliance: from		•	to		
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	· 		· 	
Method used to demonstrate compliance:	·	. <u>.</u>		<u> </u>	
#2. Term or condition of the general per	nit that has not been in	ı continuous	compliance during	the reporting period stated	above:
Exact period of non-compliance: from			to	:	
Action(s) taken to achieve compliance:			· 		
Method used to demonstrate compliance:	:				
As the responsible official, I hereby certion and in this notification are true, accurately properties are true, accurately properties are receip wear for transfer or combination facilities.	te and complete. Furt ts, does not exceed 2,1	her, my anni	al consumption of p	perchloroethylene solvent, l	based
RESPONSIBLE OFFICIAL:				··	
1	Name (Please Print)		Signatu	Da Da	te

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

Page	of	
Page	oi	

TYPE OF INSPECTION:	ANNUAL 🔽	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 1340	TIME OUT:	1415	AIRS ID#:	950306
TYPE OF FACILITY: Dry	leaner			
FACILITY NAME: Maste	r Cleaners			DATE: 12-10-99
FACILITY LOCATION: 533	S. Semorar	n Blud		
Or	lando . FL 3	32797	,	
RESPONSIBLE OFFICIAL:	amilo Morale	5	PHONE NUMBER	407-679-7905
Based on the results of the compliance with DEP Rule	e 62-213.300, Florida Adr	ninistrative Co	ode (F.A.C.).	•
Based on the results of the discrepancies were noted:	compliance requirements	evaluated dui	ring this inspection, the fol	lowing compliance
COMPLIANCE REQUI	REMENT/PROBLE	M	FOLLOW-UP ACT	ION REQUIRED
Meeds weekly leak	. inspections		Re-inspection	n in one month.
No condenser to	emperature lo	9	11	
Perc purchases r in correct.	-unning foto	a/	11	
No 1999 Perc 10	eceipts on sit	re.		A. William .
			,	
Needs to noti	fy Tallaha	ssee of	change in	permit condition machine (fluor
Needs new epo	xy coating	arouno	019 616111111	
The Annual Compliance Certification	on form has been properly	y certified and	submitted to the inspector	
DATE OF NEXT INSPECTION:	70	(Approxim	2000 nate)	
INSPECTION CONDUCTED BY	: Ilko	a Bung Please P	) y	27/ 1:100
INSPECTOR'S SIGNATURE:	Aka Bun	roby-	PHONE NUMBER	: 836-1400
	F	Page of		Revised 10/96

### PERCILOROETHYLENE DRY CLE. INERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

facility was \_\_\_\_\_ gallons.

ANNUAL

COMPLAINT/DISCOVERY

AIRS ID#: <u>0950 306</u> DATE: 10/29	*		IME O	JT: <u>10</u>	35	
FACILITY NAME: MASTER CL	EANER	·		_		
FACILITY LOCATION: 533 S.	SEMORA	4 BLVD.				
ORCANDO						_
RESPONSIBLE OFFICIAL: CAMILO	MORALES	§ PHONE: 407	1-67	9-7	905	_
CONTACT NAME:	<del>- , </del>	PHONE:				
PART I: NOTIFICATION		-	<del></del>			
(check appropriate box)						
1. New facility notified DARM 30 days prior to sta	rtun					
	rtup					
2. Facility failed to notify DARM to use general pe					<u> </u>	
2. Facility failed to notify DARM to use general pe			<del></del>		٥	
			- <u>-</u>		<u> </u>	
					٥	
PART II: CLASSIFICATION  Facility indicated on notification form that it is:		☐ No notification				
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)		□ No notification		ess/petro		
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.	rınit	☐ Drop store/out	of busin	ess/pctro		
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	2. New small	☐ Drop store/out		ess/pctro		
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	2. New small dry-to-dry on!	☐ Drop store/out  area source y, x < 140 gal/yr	of busin	ess/pctro		
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	2. New small dry-to-dry only transfer only,	☐ Drop store/out  area source y, x < 140 gal/yr x < 200 gal/yr	of busin	ess/petro		
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	2. New small dry-to-dry only transfer only, both types, x	☐ Drop store/out  area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	of busin			
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	2. New small dry-to-dry only transfer only, both types, x	☐ Drop store/out  area source y, x < 140 gal/yr x < 200 gal/yr	of busin		deum	
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small dry-to-dry onl transfer only, both types, x < (constructed o	☐ Drop store/out  area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91)	of busin		deum	
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)  3. Existing large area source	2. New small dry-to-dry onl transfer only, both types, x < (constructed o	☐ Drop store/out  area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91)  area source	of busin			
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only dry-to-dry only transfer only tr	Drop storc/out  area source y, $x < 140$ gal/yr $x < 200$ gal/yr $< 140$ gal/yr on or after 12/9/91)  area source y, $140 \le x \le 2,100$ ga	of busing	Bureau of A & Mobil	JAN	
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only,	Drop storc/out  area source y, $x < 140$ gal/yr $x < 200$ gal/yr $< 140$ gal/yr on or after 12/9/91)  area source y, $140 \le x \le 2,100$ gal/yr $< 200 \le x \le 1,800$ gal/y	of busing	Bureau of A & Mobil	JAN 1 4	
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)  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 both types, 140 \le x \le 1,800 gal/yr	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	Drop storc/out  area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91)  area source y, $140 \le x \le 2,100$ ga $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr	of busing	Bureau of A & Mobil	JAN 1 4	
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. New small dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	Drop storc/out  area source y, $x < 140$ gal/yr $x < 200$ gal/yr $< 140$ gal/yr on or after 12/9/91)  area source y, $140 \le x \le 2,100$ gal/yr $< 200 \le x \le 1,800$ gal/y	of busing	Bureau of A & Mobil	JAN	
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(check appropriate boxes)	
Storing perchloroethylene in tightly scaled and impervious containers?	DN DN/A
2. Examining the containers for leakage?	DA ON ON/Y
3. Closing and securing machine doors except during loading/unloading?	ZY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AND DN DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חא מים איני
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete 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 minimatalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated 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?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. ОЛ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	DΝ	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ΠV	ΠNI	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring 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?			□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MG. ART				
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 lirs? or;	DY UN ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ÆN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA				
6. Maintained startup/shutdown/malfunction plan?	LIY LIN				
7. Maintained deviation reports?	DY ON PAN/A				
Problem corrected?	אואלע אנו צנו				
8. Maintained compliance plan, if applicable?	A/AS. NO YO				

PA	RT VI: LEAK DETECTION AND I	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small sources,	, bi-weekly) leak detection ar	d repair	
	inspection?			MY CIN	
2.	Has the facility maintained a leak log?			PAY DIN	
3.	Does the responsible official check the	following areas for leaks?	•		
•	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ADY ON ON/A	
	Door gaskets and seating	אומם מם צאַ	Stills	EN ON ON/A	
	Filter gaskets and scating	NA ON ON/Y	Exhaust dampers	DY ON ON/A	
	Pumps	אום אם אדע	Diverter valves	EN ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	s)	<u>(</u>	
	Physical detection (airflow felt the	rough gaskets)			
	Odor (noticeable perc odor)	•			
<ol> <li>Does the responsible official conduct a inspection?</li> <li>Has the facility maintained a leak log?</li> <li>Does the responsible official check the Hose connections, fittings, couplings, and valves         <ul> <li>Door gaskets and seating</li> <li>Filter gaskets and seating</li> </ul> </li> <li>Pumps         <ul> <li>Solvent tanks and containers</li> <li>Water separators</li> </ul> </li> <li>Which method of detection is used by Visual examination (condensed see Physical detection (airflow felt the Odor (noticeable percodor)             <ul></ul></li></ol>	nstrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	icial conduct a weekly (for small sources, bi-weekly) leak detection and repair			
If using direct-reading instrumentation, is the equipment:			<b>&gt;</b> √\/∧		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
	OY ON				
	OY ON				
	OY ON				
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	

ASSEFA HAILEMARIAM	10/29/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	01/29/99
Inspector's Signature	Approximate Date of Next Inspection

DDITIONAL SITE INFORMA		· · · · · · · · · · · · · · · · · · ·
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## TITL AIR QUALITY GENERAL PER INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0420	TIME OUT: 1035	AIRS ID#: 09	50306
TYPE OF FACILITY:	DRYCLEAMER		
FACILITY NAME:	MASTER CLEA	ACR 1	DATE: 10/29/98
FACILITY LOCATION:	533 S. IEM	MAHL LLCVA:	·
	ORGANDO E		
RESPONSIBLE OFFICIAL:_	<u> CAMILO MO</u>	PHONE NUMBER:	407-679-7905
LJ	f the compliance requirements evalu Rule 62-213.300, Florida Administr	ated during this inspection, the facilitative Code (F.A.C.).	ty is found to be in
Based on the results of discrepancies were not	$p^{r}$	ated during this inspection, the follo	wing compliance
•	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	)N REQUIRED
			w <sup>e</sup> .
	<del></del>		
,			<u> </u>
•			
·	·	· · · · · · · · · · · · · · · · · · ·	
COMMENTS: ON T	NE Distilled NE Stop Ushig NED PARTS ON	10/28/98 .	EAKS NOW COUL
The Annual Compliance Certifi	ication form has been properly certi		YES NO
DATE OF NEXT INSPECTION	on: $01/29$	pproximate)	·
INSPECTION CONDUCTED	) BY: <u> </u>	リムエ <u>しモバイルエカ州</u> lease Print)	·
INSPECTOR'S SIGNATURE	: nefs Heilon	PHONE NUMBER:_	<del>407 - 836 - 93</del> 2
	/· Page	of !	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
FACILITY NAME: Master (FACILITY LOCATION: 533 S.	Semoran Blud
RESPONSIBLE OFFICIAL: LUZ Hele	0 F1 32797 mg Hot PHONE: 407 679- 7905 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: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general facility exceeds above lies.	W 🕳 🛚 🛮 A A

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 35 gallons.

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

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

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

PA	ART VI: LEAK DETECTION AND R	EPAIRS		·
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	ıd repair
	inspection?		• •	מנט אס
2.	Has the facility maintained a leak log?			OTY ON
3.	Does the responsible official check the	following areas for leaks	57	
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and scating	dy on ona	Stills	מא טא טאע
	Filter gaskets and scating	CIY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	אואם אם אם
	Solvent tanks and containers	מא טא טאיא.	Cartridge filter housings	אואם אם צום
	Water separators	DY ON ONA		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	ces)	व
	Physical detection (airflow felt the	rough gaskets)		Q( ·
	Odor (noticeable perc odor)			id a
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	20
	Halogen leak detector	•		X B
	If using direct-reading instr	umentation, is the equ	ipment:	IZN/A .
	a. Capable of detecting	pere vapor concentration	ns in a range of 0-500 ppm?	מט מט אם
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and	d after each use	חס עם
	c. Inspected for leaks ar	d obvious signs of wear	on a weekly basis?	אם עם
	d. Kept in a clean and s	ecure area when not in	use?	מט עם
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
			أء	Lac
-	Inspector's Name (Please Pri	nt)	3 Z.C Date of Insp	- h-1:-
	dold Tel		3/2	0/99
	CON HOTE		Approximate Date of	Next Inspection

	L SITE INFORMATION			
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#### TITL / AIR QUALITY GENERAL PER T INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMP	LAINT/DIS	COVERY [	] 1	RE-INSPEC	TION [
TIME IN: 10:30	TIME OUT:	11:00	) ·	AIRS 1D#:	0950	306	
TYPE OF FACILITY:	Dry Clean	ev					
FACILITY NAME:	. / \	lear	ur	***	DA′	TE: 3/3	0/98
FACILITY LOCATION:	533 5.	Se	move	1 Blu	d		
	Orlando	FI	327				
RESPONSIBLE OFFICIAL: LU	a Heluna Hu	Jt	]	PHONE NUM	IBER: 40	7 679	- 7905
Based on the results of the compliance with DEP Ru	le 62-213.300, Florida Ac	dministrat	ive Code (F.	A.C.).			
Based on the results of the discrepancies were noted	•	ts evaluate	ed during thi	s inspection, th	he following	compliance	
COMPLIANCE REQU	REMENT/PROBLE	EM	FOL	LOW-UP A	CTION	REQUIR	ED
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DMMENTS:						<del></del>	
Faci	lity in	C	omp	lianc	e	*	
Annual Compliance Certification	_	<i>i</i>		tted to the insp	pector.	YES	ио[]
TE OF NEXT INSPECTION	:31	Zo   (App	79 roximate)				
PECTION CONDUCTED B	Y: 1000	FL	etch ase Print)	ev			<del></del>
ector's signature:	bul Jud	EL	T I	PHONE NUM	BER: ح	136-95	24
		Page	of .				Revised 10/96

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

0364895

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

#### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER.  Complete items 1 and/cr 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that vecard to you.	ve can return this	I also wish to re following service extra fee):	
<ul> <li>Print your name and address on the reverse of this form so that vecard to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spapermit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article was delivered at the reverse of this form so that vecarious cardiological services.</li> </ul>	cle number.	1. □ Addres     2. □ Restrice	see's Address ted Delivery
delivered.	ind the date	Consult postma	aster for fee.
AIRS ID # 0950306  MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCO'A FL 32927	7. Date of D	Type ed Mail ceipt for Merchandi	
5. Received By: (Print Name)  6. Signature (Addressee or Agent)	8. Addresse and fee is	e's Address (Only	y if requested

	US Postal Service	· //////
	Receipt for C	ertified Mail.
	No Incurança Course	AIRS ID # 0950306
,	MASTER CLEANEI	
	LUZ-HELENA HUI	TV
	6522 HAROLD AVE	3
	COCOA FL 32927	*.
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
6	Return Receipt Showing to Whom & Date Delivered	to
	Return Receipt Showing to Wh Date, & Addressee's Address	nom,
April	- Date a regression regress	
Form <b>3800</b> . April 1995	TOTAL Postage & Fees	\$

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n the reverse sido?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacepermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed o	AIRS ID # 0950306  MASTER CLEANERS EUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927	4b. Service  Registere  Express	umber  33660332  Type  ad Certified  Mail Insured  peipt for Merchandise COD
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested

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	US Postal Service Receipt for Cer			
	MASTER CLEANERS LUZ-HELENA HUN 6522 HAROLD AVE COCOA FL 32927	S	# 0950306	
	Postage	\$		
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	Special Delivery Fee			
10	Restricted Delivery Fee		j	
199	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

W.
0 .09
APMS
2-18-00

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	
	( ) ( )
AIRS ID#: 0950306 DATE: 2-16-	ner  RED 1 1020  R
FACILITY NAME: Master Clear	ner Kr 2 4 2000
facility location: 533 S. Se	emoran Blud. FED Air Monitoring
Winter Pa	ark, FL 32792 Bureau Mobile Su
RESPONSIBLE OFFICIAL: Camilo	emoran Blud. FEB 2 4 De Proposition Propos
CONTACT NAME:	
·	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artin
1. New facility notified DARIN 30 days prior to sta	
a n the fill to matify DADM to use general ne	
2. Facility failed to notify DARM to use general pe	ermit • • • • • • • • • • • • • • • • • • •
	ermit U
PART II: CLASSIFICATION	
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	□ No notification form □ Drop store/out of business/petroleum
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petroleum  2. New small area source
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	☐ No notification form ☐ Drop store/out of business/petroleum
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	☐ No notification form ☐ 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
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	☐ No notification form ☐ 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
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)	No notification form 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)
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)	No notification form 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)
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	<ul> <li>No notification form</li> <li>Drop store/out of business/petroleum</li> <li>New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types, x &lt; 140 gal/yr</li> <li>(constructed on or after 12/9/91)</li> <li>New large area source</li> <li>dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> <li>transfer only, 200 ≤ x ≤ 1,800 gal/yr</li> </ul>
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	No notification form  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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	<ul> <li>No notification form</li> <li>Drop store/out of business/petroleum</li> <li>New small area source</li> <li>dry-to-dry only, x &lt; 140 gal/yr</li> <li>transfer only, x &lt; 200 gal/yr</li> <li>both types, x &lt; 140 gal/yr</li> <li>(constructed on or after 12/9/91)</li> <li>New large area source</li> <li>dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> <li>transfer only, 200 ≤ x ≤ 1,800 gal/yr</li> </ul>
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	□ No notification form □ 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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific	□ No notification form □ 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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  □ Can not determine
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ge	No notification form  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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  Ty $\square N$ $\square$ Can not determine
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ge	□ No notification form □ 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 $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  □ Can not determine

facility was (o

gallons.

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 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 MON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
i.	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?	ŪΥ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ПY	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ПY	$\square N$	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ŪΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	QY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6,	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

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

LP2	ART VI: LEAK DETECTION AND RI	EPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?		. ,	BY ON		
2.	Has the facility maintained a leak log?			ery on		
3.	Does the responsible official check the fe	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	TY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	Y ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	EY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	OY ON ON/A		,		
4.	Which method of detection is used by the	e responsible official?				
	Visual examination (condensed sol	vent on exterior surfaces)		<b>a</b>		
	Physical detection (airflow felt thro	ough gaskets)				
	Odor (noticeable perc odor)		•			
	Use of direct-reading instrumentati	on (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instru	mentation, is the equipm	ent:	⊠N/A		
	OY ON					
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and aft	er each use	□Y □N		
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and sec	ure area when not in use?		OY ON		
	e. Verified for accuracy b	y use of duplicate sample	s (calorimetric only)?	□Y □N		
•						
			· · · · · · · · · · · · · · · · · · ·			
	Ilka Bundi		2-18-00			
	Inspector's Name (Please Print)  Date of Inspection					
	Mrs Bunch		2-18-01	•		
	Inspector's Signature		Approximate Date of 1	Next Inspection		

#### ADDITIONAL SITE INFORMATION:

Hazardous Liaste people from Central DEP were there to show me & other OCEPD some Haz Waste issues.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	] сом	PLAINT/DISCOVER	Y RE-	INSPECTION 🗗
TIME IN: 0900TIME 0	UT: 1020	AIRS	SID#: 09503	306
TYPE OF FACILITY: Dry Cleaners		odnosa aliku mangan manamananya pi mpagampi ya 10,400 kati i u tana ayanaya ngaga		
FACILITY NAME: Master Cleane			DATE:	2-18-00
facility location: 533 S. Sen	noran Bluc			
Winter Park	<del>,</del> .	2		
RESPONSIBLE OFFICIAL: Camilo M.	grales	PHONE	NUMBER: 407-	679 - 7905
Based on the results of the compliance re compliance with DEP Rule 62-213.300,	Florida Administra	tive Code (F.A.C.).	·	
Based on the results of the compliance re discrepancies were noted:	equirements evalua	led during this inspect	tion, the following coi	npliance
COMPLIANCE REQUIREMENT/I	PROBLEM	FOLLOW-	UP ACTION RE	QUIRED
				• ·
		• .		
		-	-	
		•		
COMMENTS:				
facility in com	pliance.		· ·	
The Annual Compliance Certification form has be			ne inspector. YI	ES NOV
DATE OF NEXT INSPECTION:		8-01	·	
INSPECTION CONDUCTED BY:		proximate) Bund V		1
INSPECTOR'S SIGNATURE:		ease Print)	Number: 830	0-1400
	Page	of <u> </u> .		Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	INSTECTION CHECKEIST	MS 4-00
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	, Jo
AIRS ID#: 0950306 DATE: 1-28-0  FACILITY NAME: Master Cleaner  FACILITY LOCATION: 533 South  Winter Park  Orlando, F  RESPONSIBLE OFFICIAL: Camilo Mor  CONTACT NAME:  PART I: NOTIFICATION	RECEI	ine s
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general performance of the property of t		
Facility indicated on notification form that it is:	□ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  May 1996  New mach.	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification	MY ON OCan not determine	
If no, please check the appropriate classific facility qualified for a genuing facility exceeds above limits.	cation:	
facility was log gallons.		

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed 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 sealed containers for at Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 □N □N/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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A 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 ONA and parts installed w/in 5 days of receipt? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON MIN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? DY ON DNA 7. Maintained deviation reports? DY DN MN/A Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	ıd repair	
inspection?			MY ON	
2. Has the facility maintained a leak log?			DY ON	
3. Does the responsible official check the	following areas for leaks	?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps	DY DN DN/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by t	he responsible official?		,	
Visual examination (condensed se	olvent on exterior surface	es)	<b>d</b>	
Physical detection (airflow felt th	rough gaskets)			
Odor (noticeable perc odor)	•		<b>u</b>	
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)		
Halogen leak detector				
If using direct-reading instr	umentation, is the equip	oment:	CN/A	
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	□У □И	
c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and so	ecure area when not in us	e?	OY ON	
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON	
		•		
Ilka Bundy		1-28-00		
Inspector's Name (Please Prin	nt)	Date of Inspection		
Ilha Bund		2-28-00		
Inspector's Signature		Approximate Date of I	Next Inspection	

#### ADDITIONAL SITE INFORMATION:

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAIN	T/DISCOVERY	RE-INSPECTION	V
TIME IN: 0940	TIME OUT:	1055	AIRS ID#:	0950306	
TYPE OF FACILITY: Dry C					
FACILITY NAME: Master				DATE: 1-28-00	
FACILITY LOCATION: 533	South Semoran B				
Winter Pk. Orta		<del></del>			
RESPONSIBLE OFFICIAL: Ca	milo Morales		PHONE NUMBE	r: <u>407-679-79</u> 05	
Based on the results of the compliance with DEP Rul  Based on the results of the discrepancies were noted:	e 62-213.300, Florida Ad e compliance requirements	ministrative Co s evaluated dur	ide (F.A.C.).	following compliance	
COMPLIANCE REQUI			FOLLOW-UP AC	TION REQUIRED	
Needs weekly conde	enser temperation	turp	Re-inspect i	n one month	ν,
	ノ	7			
	•				
COMMENTS:		<del>,</del>			
Reviewed con	d. temp. log	)			
The Annual Compliance Certificat		ly certified and		tor. YES NO	
DATE OF NEXT INSPECTION	:	人 より (Approxim	·		
INSPECTION CONDUCTED B	v. Ilko		1		
MOLECTION CONDUCTED B	1.1	(Please Pr	int)	(12)	<u> </u>
INSPECTOR'S SIGNATURE:_	Ilha	Bunon	PHONE NUMBE	er:836-1400	<i>J</i> 
		Page \ of		Revised	d 10/96

# Ascol

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS	SI, INS2) 🗹 COMPLAINT/DISCOVERY (CI) 🗖 🗎
RE-INSPECTIO	ON (FUI) 🚨
	P
AIRS ID#: 0950306 DATE: 2-9- FACILITY NAME: Master Clea	
FACILITY LOCATION: 533 S. Se	emoran Blvd, Box Po
	rk FL 32792 833 9 New Ow
RESPONSIBLE OFFICIAL: Camilo	110 ra 185 PHONE: 40/1/1903
CONTACT NAME:	# Out of service I PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN 🗓
1. New facility notified DARM 30 days prior to star	ortup 🗖 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general per	ermit 🖸 SNC 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	□ No notification form □ Drop store/out of business/petroleum  Own e
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) $\square Y \square N \square Can$ not determine
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lin	cation:
B. The total quantity of perchloroethylene (perc) pu     facility was gallons.	urchased within the preceding 12 months by this dry cleaning

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

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

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	:	□Y: □N				
2. Has the facility maintained a leak log?		OY ON				
3. Does the responsible official check the following areas for leaks?	·					
Hose connections, fittings, couplings, and valves	uck cookers	OY ON ON/A				
Door gaskets and seating ☐Y ☐N ☐N/A Sti	ills	OY ON ON/A				
Filter gaskets and scating	haust dampers	OY ON ON/A				
Pumps	verter valves	OY ON ON/A				
Solvent tanks and containers	artridge filter housings	OY ON ON/A				
Water separators	•					
4. Which method of detection is used by the responsible official?	•					
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)		a <sub>.</sub>				
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tube	s)	<u> </u>				
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:		□N/A				
a. Capable of detecting perc vapor concentrations in a ra	ange of 0-500 ppm?	□Y □N				
<ul> <li>b. Calibrated against a standard gas prior to and after each (PID/FID only)?</li> </ul>	ch use	□Y □N ··				
c. Inspected for leaks and obvious signs of wear on a we	eekly basis?	OY ON				
d. Kept in a clean and secure area when not in use?		OY ON				
e. Verified for accuracy by use of duplicate samples (cal	lorunetric only)?	OY ON				
	· · · · · · · · · · · · · · · · · · ·	· .				
	•					
Ilka Bundy	2-9-01	• •				
	Date of Inspection					
Alla Buron	4-9-01					
Inspector's Signature	Approximate Date of N	lext Inspection				

New name: Tita's Cleaners

New owner: Gurmeet Hans as of June 2000

I left him a Perc Dry Cleaner Air General Permit Notification Form, SPAF short, and a 2001 Perc Dry Cleaner Compliance Calendar.

He asked me to look up the date, if on file, for the new machine that Camilo Morales put in this facility.

2-19-01 (alle) Mr. Hans - gave him date of May 8, 1999 for purchase of new machine. He said he would be sending in permit tomorrow.

card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive following services (feet):  1.  Addressee'  2.  Restricted I	for an 's Address Delivery
3. Article Addressed to:			2
AIRS ID#: 0950306  MASTER CLEANERS OF ORLANDO INC LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927	4b. Service Registere Express I Return Rec	Type  ed [ Mail   Delipt for Merchandise [ Delivery   D	COD   Consider the control of the co
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)		paid)	Tha
	card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID#: 0950306  MASTER CLEANERS OF ORLANDO INC LUZ-HELENA HUNT 6522 HAROLD AVE  COCOA FL 32927  5. Received By: (Print Name)	■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  ■ Write "Return Receipt Requested" on the mailpiece below the article number.  ■ The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  AIRS ID#: 0950306  MASTER CLEANERS OF ORLANDO INC  LUZ-HELENA HUNT 6522 HAROLD AVE  COCOA FL 32927  5. Received By: (Print Name)  6. Signature: (Addressed or Agent)  8. Addressed and fee is	acard fo you.  ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.  ■ Write 'Return Receipt Requested' on the mailpiece below the article number.  ■ The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  AIRS ID#: 0950306  MASTER CLEANERS OF ORLANDO INC  LUZ-HELENA HUNT  6522 HAROLD AVE  "COCOA FL 32927  5. Received By: (Print Name)  OM  OM  AIRS ID#: 0950306  Begistered  Express Mail  Return Receipt for Merchandise  7. Date of Delivery  8. Addressee's Address (Only if read fee is paid)

• .	.P 265 30	2 318	
!	US Postal Service Receipt for Cert	ified Mail	
65 65	AIRS II ASTER CLEANERS OF JZ-HELENA HUNT 522 HAROLD AVE DCOA FL 32927	D#: 0950306 ORLANDO INC	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
os Form <b>3800</b> , April 1995	TOTAL Postage & Fees	\$	
e E	Postmark or Date		
For	2/17/97		
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
9912	Article Sent To:		y .	
6	2210	66300	6 (ab)	
77	Postage	\$		
<b>P 52</b> P	Certified Fee		Postmark	
7	Return Receipt Fee (Endorsement Required)		Here	
1200	Restricted Delivery Fee (Endorsement Required)			
0600	Total Postage & Fees	\$		
Name (Please Print Clearly) (to be completed by mailer)			Heent	
7000	Street Apt. No.; or PO Box No.  L 95 () 30600 ( A 9)  City, State, ZIP+4			
	PS Form 3800, July 1999 See Reverse for Instructions			

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

262853

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

RECEIVED MAIL ROOM

MAR 10 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0950306

MASTER CLEANERS OF ORLANDO INC LUZ-HELENA HUNT 6522 HAROLD AVE

**COCOA FL 32927** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mallplece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailplece below the article.  The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
RETURN ADDRESS completed or	3. Article Addressed to:  AIRS ID# 0950306  MASTER CLEANERS OF ORLANDO INC LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927  5. Received By: (Print Name)	4b. Service 1  Registere Express I  Return Rec	Type ad Certified Mail Insured Delivery a's Address (Only if regulated
ls your E	6. Signature: (Addressee or Agent)  X PS Form 3811, December 1994	2595-97-B-0179	Domestic Return Receipt

Z 333 613 711

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID# 0950306

MASTER CLEANERS OF ORLANDO INC
LUZ-HELENA HUNT
6522 HAROLD AVE COCOA FL 32927

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> ,	Postmark or Date	

SENDER: COMPLETE THIS SECTION	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> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X E E V E Dagent Addressee  D. Is delivery address different from item 1?   Yes
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0950306001AG LUZ-HELENA HUNT MASTER CLEANERS	Bureau of Air Monitoring & Mobile Sources
6522 HAROLD AVE COCOA FL 32927	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
2210 663 006	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
L	

	Z 510 P	.ea 00F
	US Postal Service Receipt for Cer	tified Mail
	10 AIRS LUZ-HELENA HUN' MASTER CLEANERS 6522 HAROLD AVE COCOA FL 32927	=
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	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	



394796

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

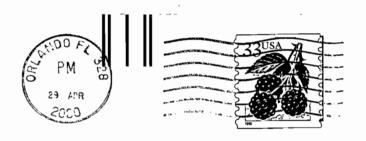
AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927 MAY-2 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Master Cleaners of Orlando 6522 Harold Ave. Cocoa, FL 32927



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

02015×0052515-5070

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#### BEST AVAILABLE COPY

SENDER: COM.  Ol adola∧ua jo dol Ja∧o  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 0950306  STER CLEANERS  CHELENA HUNT  2 HAROLD AVE	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signatule  X
COA FL 32927	Certified Mail
P174 052 557	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt · 102595-99-M-1789

	P 174 0	52 557	
	US Postal Service Receipt for Cer	tified Mail	
LU 652	ASTER CLEANERS Z-HELENA HUNT 22 HAROLD AVE COA FL 32927	AIRS ID # 0950306	
	Postage	\$	
	Certified Fee	·	
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

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



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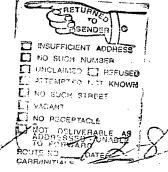
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2-15-01

MASTER CLEANERS
LUZ-HELENA HUNT
6522.HAROLD AVE
COCOA FL 32927

AIRS ID # 0950306

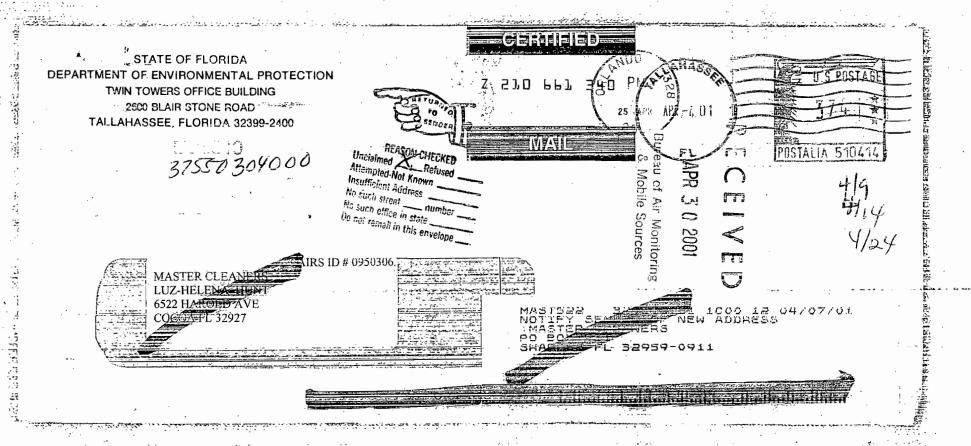




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<ul> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> </ul>	
Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpied or on the front if space permits.	
AIRS ID # 0950306  MASTER CLEANERS: LÜZ-HELENA HUNT 6522 HAROLD AVE: COCOA FL 32927	D. Is delivery address different from item 1?  Yes if YES, enter delivery address below:  No
	3. Service Type Certified Mail
*****	4. Restricted Delivery? (Extra Fee)

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Dompestic Mail Only; No Insurance Coverage Provided)		
5.83	· · · · · · · · · · · · · · · · · · ·		
7825	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
2000 0000	MASTER CLEANI LUZ-HELENA HU 6522 HAROLD AV COCOA FL 32927	JNT /E -	0950306



Lold-rilling-over top-of-onvelope-to-	OMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  MASTER CLEANERS P 0 BOX 911 SHARPES FL 32959-0911	A. Received by (Piease Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? If YES, enter delivery address below:
2. Article Number (Copy from service label)	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Co.D.  1. Restricted Delivery? (Extra Fee)  Yes
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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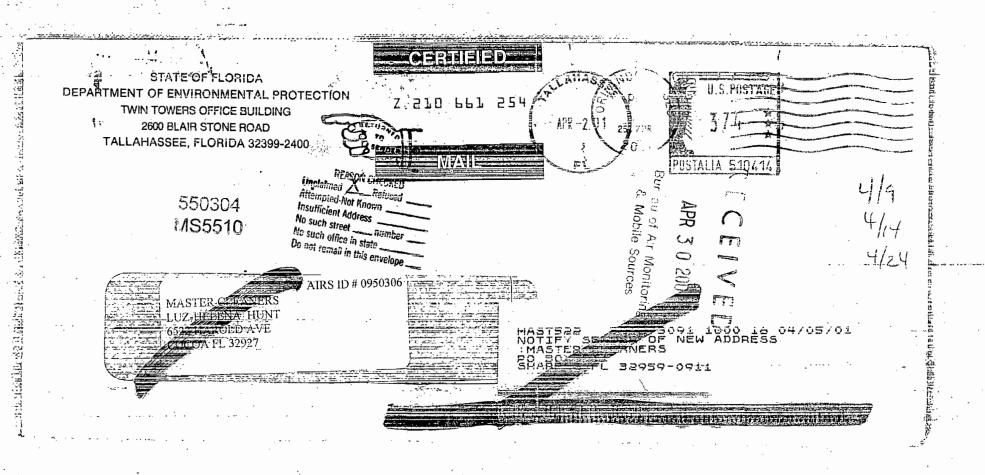
# 2-210<sup>3</sup>661 340

**US Postal Service** 

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

MASTER CLEANERS # 0950306 P O BOX 911 SHARPES FL 32959-0911

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
-	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
PS Form <b>3800</b>	Postmark or Date  H/4/200	/



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
-B Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
☐ Print your name and address on the reverse so that we can return the card to you. ☐ Attach-this card-to-the back of the mailpiece, or on the front-iff-space permits.	C. Signature  Agent  Agent  Addressee  D. Is delivery address different from item 12:
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0950306	il ·
MASTER CLEANERS	<b>                                     </b>
LUZ-HELENA HUNT	•
6522 HAROLD AVE	
COCOA FL 32927	3. Service Type
	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS;Form 3811, July 1999; Pomestic Re	turn Receipt 102595-99-M-1789

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**US Postal Service** 

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

AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927

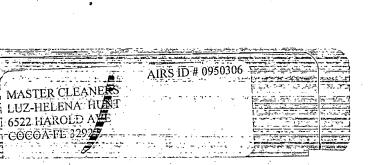
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800,	TOTAL Postage & Fees	\$
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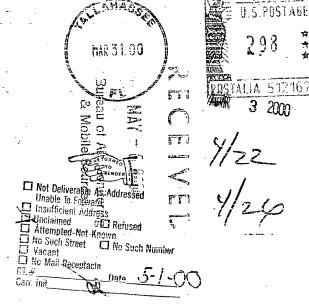
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



Z 210 663 099







<u> իրենսներներն այս փուննանն</u>

SENDER: COMPLETETHIS SE  Complete items 1, 2, and 3. Also complete item 4-if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
AIRS ID # 0950306  MASTER CLEANERS LUZ-HELENA HÜNT 6522 HAROLD AVE COCOA FL 32927	3. Service Type  Certified Mail
2 Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)

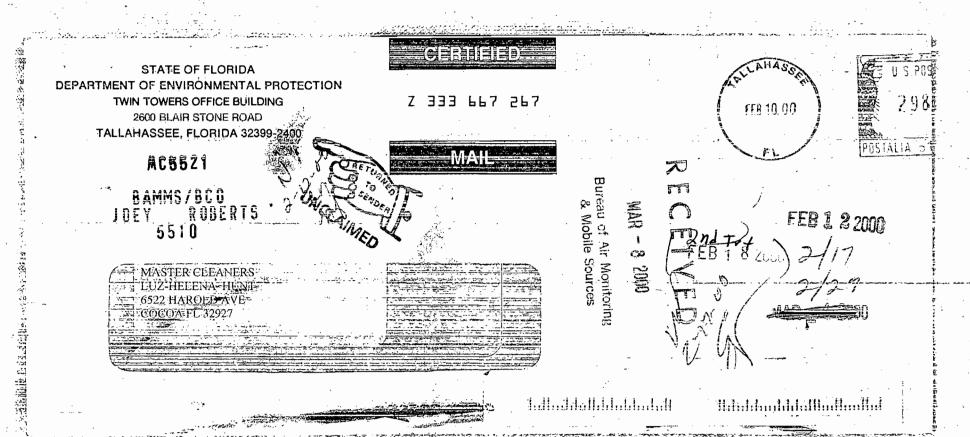
# Z 210 663 099

# US Postal Service Receipt for Certified Mail

AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
1995	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	_
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
<sup>5</sup> S Form <b>3800</b> , April 1995	Postmark or Date	



Z~333 667 267

**US Postal Service** 

### 1) 00°

### **Receipt for Certified Mail**

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0950306

MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE COCOA FL 32927

	Certified Fee	
April 1995	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
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PS Form <b>3800</b> ,	Postmark or Date	

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SENDER: COMPLETE THIS SECTION.	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</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 0950306  MASTER CLEANERS LUZ-HELENA HUNT 6522 HAROLD AVE	
COCOA FL 32927	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
Ref	turn Receipt 102595-99-M-1769

**新春花**花