

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 4, 1996

Mr. Fenicio Orlando Ferret, Jr. Vice President Ferret Cleaners 7077 South Orange Blossom Trail Orlando, Florida 32809

Dear Mr. Ferret:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FERRET CLEANER CORP.
2.	Site Name (For example, plant name or number):
	FERRET CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 7077- South Orange Blussom TRAil Street Address:
	City: ORIAN do County: ORANGE Zip Code: 32809
5.	Facility Identification Number (DEP Use):
	0950307
######################################	
	Responsible Official
6.	Name and Title of Responsible Official: FENICIO ORIANDO FERRET JR.
	Vice Prosident
7.	
	Street Address: 7077 Swith ORANGE Blossom TRAIL
	Street Address: 7077 South Orange Blossom TRAIL City: Orlando County: Orange Zip Code: 32809
8.	
	Telephone: (407) 859 - 2027 Fax: (407) 348 - 5028
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	- 1 1 E D

RECEIVED

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Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93		08-DEC-91	msuned	#3	<u> </u>	I
Dry-to-Dry Unit	- 1		o from a service of the	٠.	e Partie e .				
(1) w/ ref. condenser	1		3/6/96						
(2) w/ carbon adsorber		1 / 1							
(3) w/ no controls									
Washer Unit	::			•		Segue Segue	· 5,		in pro-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				1. 1.	Company of the	er en en en en en en	极效	i i i de la compansión de	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
			HE AUTHOR	158 11 2					
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices are2.(a) What was the total q	are re	equired to be	installed [_		٦	1 the latest 12	mor	iths?	
(b) If less than 12 month Check why it is less					_] New store	: [] Did	not k	eep records:	

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(Indicate with an "X".)	ined on macrimes	pursuant to section (3) or	ratt if of this notification form:
Existing large area source	<u>e</u>		
Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	$ \mathcal{X} $		
New large area source Refrigerated condenser			
5. A facility which contains non-e	exempt emissions	units shall not be eligible t	o use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	y that all steam an	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by n	natural gas except for perio	ods of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt	×	
Equipm	ent Monitoring	and Recordkeeping Infor	mation
Check all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		
(b) Leak detection inspection and	repair		
(c) Refrigerated condenser temperated	ature monitoring		
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	on plan		\checkmark

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

Surrender of Existing Air Permit(s)

Please indica	te 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)
Ĺ X J	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification. 8/25/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FERRET CLEANER CORP.
2.	Site Name (For example, plant name or number):
	FERRET CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 7077. South ORANGE Blossom TRAIL
	Street Address: City: ORIANDO County: ORANGE Zip Code: 32809
	City: OR ANGE / Zip Code: 32809
5.	Facility Identification Number (DEP Use):
	0950307
	Responsible Official
6.	Name and Title of Responsible Official: FENICIO ORIANDO FERRET JR.
	Vice President
7.	Responsible Official Mailing Address: 7077 South ORANGE Blossom TRAIL
	Organization/Firm: FERRE COMPR
	Street Address: 7077 South ORANGE Blossom TRAIL City: OR (Ando County: Orange Zip Code: 32809)
	City. O/2 (MAGO County. O/CKNOGE Zip code. 3200).
8.	
	Telephone: (407) 859 - 2027 Fax: (407) 348 - 5028
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	ON) DECEIVED

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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.

Initially Device Initially Device Initially Device			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Purchased ID Purchased Installed ID Purchased ID Pu			Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-Marter Dry-to-Dry Unit Oy with the condenser										Device
Dry-to-Dry Unit (1) w/ ref. condenser 1	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser 1 /0/s1/33 5/6/46	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (12) w/ no controls (c) No control devices are required to be installed (12) w/ no controls 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [130] gallons (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records: Indicate with an "X". Select one classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	Dry-to-Dry Unit									
(3) w/ no controls	(1) w/ ref. condenser	1	10/31/93	3/6/96						
Washer Unit (4) w/ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(2) w/ carbon adsorber		77.10							
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ ref. condenser (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (19) w/ no controls (19) w/ no controls (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19	(3) w/ no controls									
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(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls	Dryer Unit			· .						
(9) w/ no controls	(7) w/ ref. condenser									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (12) w/ no controls (13) w/ no controls (13) w/ no control devices are required to be installed (2) w/ no control devices are required to be installed (3) what was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (130) gallons (130) gallons (130) months ((8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no controls (13) w/ no control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be installed [] (c) No control devices are required to be install	(9) w/ no controls									
(b) Control devices are required, but not yet installed	Reclaimer Unit			•		•	e de la companya della companya della companya de la companya della companya dell		Tage 14 T	
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(10) w/ ref. condenser									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [130] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)	(11) w/carbon adsorber			_		i				
 (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) 	(12) w/ no controls									1
(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of [130] (b) If less than 12 mont	are required	equired to be ity of perchlo ons	installed [_ proethylene (perc)	_] purchased i				
Existing large area source [] New large area source []	(Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sn	nall area sou	rce 🟏		Part II?	

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(Indicate with an "X".)	quant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Re	efrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natur during which propane or fuel oil containing no more tha	al gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u><</u>] _]
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in ac	ecordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	\mathcal{U}
(d) Carbon adsorber exhaust perc concentration monitor	ing []
(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 indica	te 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)
	•
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification. $ \frac{8/25/96}{Date} $

PERCHLOROETHYLENE DRY CLEAN RESCEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

OCT 2 4 1997

TYPE OF INSPECT

VNNUVL

RE-INSPECTION

COMPLAINT/DISCOVERY
Bureau of Air Monitoring

& Mobile Sources

AIRS ID#: <u>050307</u> DATE: 10 14	97 TIME IN: 11:38
FACILITY NAME: Ferret C1.	eavers
	5. Ovange Blossum Trail
_ Orland	lo Fl 32809
RESPONSIBLE OFFICIAL: Fevilcio OVI	ando Ferret PHONE: 407 348-5028
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form □ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
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	□Y □N □Can not determine

1 of 5

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

facility qualified for a general permit as number

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

If no, please check the appropriate classification:

facility was 130 gallons.

03711513

PART III: GENERAL CONTROL REQUIREMENTS	
Is theoresponsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	BY ON ON/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	QY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WWA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
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 minimaled 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?	D√ DN
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?	dy on on/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	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

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° J ² ?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	ם אותם אם עם
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?	DY DN DN/A
_		
P.	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: theck appropriate boxes)	
1	Maintained receipts for perc purchased?	מא טא

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages 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;	ON 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?	באים אם אים
4. Maintained calibration data? Gor applicable direct reading instruments)	OY ON CHIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON GW/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	OY ON BNIA
Problem corrected?	OY ON DANIA
8. Maintained compliance plan, if applicable?	מ/אם אם עם

PA	PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				מס עט	
2.	Has the facility maintained a leak log?				QĀ ON	
3.	Does the responsible official check the f	following areas fo	r leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/	A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	אום אם אבי		Stills	DY ON ON/A	
	Filter gaskets and seating	BY ON ON!		Exhaust dampers	OY ON ON/A	
	Pumps	DY ON ON/		Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY DN DN/	A	Cartridge filter housings	DY ON ON/A	
	Water separators	יאם אם איס יאס יא	A			
4.	Which method of detection is used by the	he responsible off	icial?			
	Visual examination (condensed so	olvent on exterior	surfaces)			
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instr	umentation, is th	ic equipn	nent:	DAN/A	
	a. Capable of detecting	perc vapor concer	ntrations i	n a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	standard gas prior	to and a	fter each use	OY ON	
	c. Inspected for leaks ar	nd obvious signs o	of wear or	a weekly basis?	OY ON	
	d. Kept in a clean and s	ccure area when	not in use	?	OY ON	
	e. Verified for accuracy	by use of duplica	te sample	s (calorimetric only)?	DY UN	
, , , , ,	والمنافظة والمنافظة والمنافظة والمنافظة والمنافظة والمنافئة والمنافئة والمنافظة والمنافظة والمنافظة والمنطوعة	TO SHEELD IN SETTING THE COPPRY S ATLIES	Personal Michael Indiana	THE PARTY HOLD IN THE PARTY HAVE BEEN AND THE PARTY HE		
•	·.					
Inspector's Name (Please Print) Date of Inspection						
:						
_	10/14/98					
	Inspector's Signature			Approximate Date of	Next Inspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MPLAINT/DISCOVERY RE-INSPECTION V
O AIRS ID#: 0950307
S DATE:
e Blossom Trail
32809
PHONE NUMBER: 407 - 348 - 5028
nated during this inspection, the facility is found to be in rative Code (F.A.C.).
ated during this inspection, the following compliance
-
FOLLOW-UP ACTION REQUIRED
<u> </u>
•
Sudev
fied and submitted to the inspector.
98
pproximate)
Fletcher
pproximate)

PERCHLOROETHYLENE DRY CLEAN RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CITY 48 A OCT 2 4 1997 AINT/DISCOVERY D Bureau of Air Monitoring TYPE OF INSPECTION: VNNUVL RE-INSPECTION & Mobile Sources _ TIME IN: 11:00 TIME OUT: 11:30 AIRS ID#: 050307 DATE: 10 FACILITY NAME: 1-PVV4 Drange Blossum FACILITY LOCATION: RESPONSIBLE OFFICIAL: Felicio Orlando Ferret PHONE: 407 PHONE: ___ CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum Α. 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1.800 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification ПN □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number above

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

facility was 130 gallons.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	D2	COMPLAINT/DISCOVERY	
	RE-INSPECTION	ü		

AIRS ID#: 0956307 DATE: 6/12/9	8 TIME IN: 1000 TIME OUT: 101	& _			
FACILITY NAME: DRY CLEAN	USA	П			
FACILITY LOCATION: 2617 HIAV	NASSEE Rd. & E	C			
OR LANDO	EL 328/8 89 2				
RESPONSIBLE OFFICIAL :	PHONE: SA				
CONTACT NAME:	PHONE: Sources PHONE: PHONE:				
	NB				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta	rtup	<u> </u>			
, ,	•				
2. Facility failed to notify DARM to use general pe					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store out of business/petrole	cum			
Λ.	2. New small area source				
1. Existing small area source Udry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, $x < 140$ gal/yr				
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr				
both types, x < 140 gal/yr	both types, x < 140 gal/yr (constructed on or after 12/9/91)				
(constructed before 12/9/91)	(constructed on or after 12/3/91)				
3. Existing large area source	4. New large area source				
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr				
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gallyr				
(constructed before 12/9/91)	(constructed on or after 12/9/91)				
5. This is a correct facility classification	□Y □N □Can not determine				
If no, please check the appropriate classification:					
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) facility was gallons.	purchased within the preceding 12 months by this dry c	leaning			

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	THE PART OF THE PARTY OF THE PA			
1. Storing perchloroethylene in tightly scaled and impervious containers?	מ/אם אם צם			
2. Examining the containers for leakage?	אורם אם צם			
3. Closing and securing machine doors except during loading/unloading?	CIY UN			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	איאם אם צם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאם אם אם			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	٧.			
If classification 2 has been checked, the machine should be equipped with a refr (complete Λ below).	igerated 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 refu (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?	מט צט			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	א/אם אם צם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	עארם אם אים			
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			

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?	ΞY	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ШN	□N/A
	Is the temperature differential equal to or greater than 20" F?	ÜΥ	UN	ווא/א 🗀
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?	ÜΥ	ΠИ	
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ΠИ	CJN/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?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ĽΙΥ	ШN	ראם איאם

Has the responsible official: (check appropriate boxes) UY UN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? UY UN 3. Maintained leak detection inspection and repair reports for the following: UY UN UN/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 DY DN DN/A and parts installed w/in 5 days of receipt? DY DN DN/Å 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan?

PART V: RECORDKEEPING REQUIREMENTS

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

DY ON ON/A

A/ÁD ND YD

CY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	ıd repair	
inspection?			CIY CIN	
2. Has the facility maintained a leak log?			OY ON	
3. Does the responsible official check the	following areas for leaks	57		
Hose connections, fittings, couplings, and valves	UY UN UN/A	Muck cookers	CIY CIN CIN/A	
Door gaskets and scating	OY ON ON/A	Stills		
Filter gaskets and scating	CY CH CH/A	Exhaust dampers	מארם אה אר	
Pumps	OY ON ON/A	Diverter valves	CIY CIN CIN/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water separators	CIY CIN CIN/A			
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed s	olvent on exterior surfac	ces)		
Physical detection (airflow felt th	rough gaskets)		Ü	
Odor (noticeable perc odor)				
Use of direct-reading instruments	ü			
Halogen leak detector				
If using direct-reading instr	unicutation, is the equi	ipment:	ÜN/A	
a. Capable of detecting	pere vapor concentration	ns in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	d after each use	UY UN	
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN	
d. Kept in a clean and s	secure area when not in	use?	DY DN	
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN	
		6/12	.\ 98	
Inspector's Name (Please Pri	int)	Date of Insp		
DIATOA (
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

DROP OFF ONLY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL

COMPLAINT/DISCOVERY

 \Box

RE-INSPECTION	Λ <u> </u>
AIRS ID#: 0950307 DATE: 11/17	198 TIME IN: 0945 TIME OUT: 1030
FACILITY NAME: FERRET CL	EANERS
FACILITY LOCATION: 7077 S. E	DRANGE BLOSSOM TRAIL
ORLANDO	FL. 32809
RESPONSIBLE OFFICIAL: FENICIO	OLLANDOPHONE: 407-348-5028 Ferre+JR
CONTACT NAME:	Ferret JR PHONE:
PART I: NOTIFICATION	
(check appropriate box)	· _
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	mit U
	Winds
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
H	
(check appropriate box) A.	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	Drop store/out of business/petroleum 2. New small area source
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
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	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
 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 	 Drop store/out of business/petroleum 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) 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
 A. 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) 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) This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge 	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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Is the responsible official of the dry cleaning facility: (check appropriate boxes) IN. DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DN DN/V 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DN DN/A 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? □N □N/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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A 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

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	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
!	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?	ΠY	ПN	□n/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	Ωи	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	. □ Y	ПN	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	'BA 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;	AND ND YES			
 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)	OY ON BN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ANIA			
6. Maintained startup/shutdown/malfunction plan?	DN DN			
7. Maintained deviation reports?	OY ON MINA			
Problem corrected?	DY DN 20N/A			
8. Maintained compliance plan, if applicable?	OY ON ANIA			

P	PART VI: LEAK DETECTION AND REPAIRS					
ī	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	•		DN ON		
2	. Has the facility maintained a leak log?			DN DN		
3	. Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	MANO NO YM	Muck cookers	DY ON ON/A		
	Door gaskets and scating	אומם מם צאן	Stills	A/NO NO YM		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	A/NO NO YE	Diverter valves	אואם אם איא		
	Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	MY ON ON/A		
۱	Water separators	MY ON ON/A				
1	4. Which method of detection is used by t	the responsible official?				
Visual examination (condensed solvent on exterior surfaces)			A			
	Physical detection (airflow felt through gaskets)			C)		
	Odor (noticeable perc odor)		·			
Ï	Use of direct-reading instruments	ation (FID/PID/calorimetri	c tubes)			
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:			ZZN/A		
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON		
	c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in use	27	OY ON		
	e. Verified for accuracy	y by use of duplicate sample	cs (calorimetric only)?	NO YO		

ASSEFA HAILEMARIAM	11/17/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	11/17/99 40/14/99 B.
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAIN I/DISCOVERY : RE-INSPECTION :
TIME IN: 0945 TIME OUT: 1030	AIRS ID#: 0950307
TYPE OF FACILITY: DRY PLEANER	
FACILITY NAME: FERRET CLEANE	RS DATE: 11/17/98
FACILITY LOCATION: 7077 S. DRANGE	ALOSSOM TRAIL
ORLANDO FL 32	2809
RESPONSIBLE OFFICIAL: FENICIE ORGANDO	Cervet PHONE NUMBER: (407) 348-5028
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ated during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluation discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·.	P.
	\$ NOOT BY L
	Ob The Man
•	"Se Man & O
	TCB TOTAL
	
·	
COMMENTS:	
FACICITY	in order
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	79799 11/12/99
(Ap	proximate)
INSPECTION CONDUCTED BY: ASSE FA HATE	ease Print)
INSPECTOR'S SIGNATURE: How lower	
	•
I I Doga I	of A Revised 10/96

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SUMN	IARY REP	ORT		
TYPE OF INSPECTION: ANNUAL COMPL	LAINT/DISCO	VERY	RE-INSPEC	TION _
TIME IN: 11:00 TIME OUT:		AIRS ID#: Ø	950 307	
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Fewet Cleanors			DATE: 3	3 97
FACILITY LOCATION: 7077 S. Ovange T				
l V	7809			
RESPONSIBLE OFFICIAL: Fenicio Fevret Ju		ONE NUMBER:	407 859-	2027
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative Based on the results of the compliance requirements evaluated	ve Code (F.A.C	2.).	·	£ .
discrepancies were noted:	FOLLO	AW IID A COTI	ON DECLUD	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLO	W-UP ACTI	ON REQUIRE	SD
No Perc Comsumption Log	SIX	mon th	be inspect	tion
No Leak Detection Log	V	ıf	V .	, s. s.
No Corrective Action	11	ħ	v	- - - - -
No Refig Conduser Log		11	\(
		•		
COMMENTS:	-		· · · · · · · · · · · · · · · · · · ·	
			•	•
				. ,
The Annual Compliance Certification form has been properly certified	and submitted	to the inspector	. YES	NO
	2/97	•		ا لتا
DATE OF NEXT INSPECTION: 911 (Appr	oximate)		_	
INSPECTION CONDUCTED BY: 100/)	Fletch se Print)	LeV		

Page of

Revised 10/96



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N O	COMPLAINTYDISCO	OVERY 🗆	1
AIRS ID#: 0950307 T					
FACILITY LOCATION:					
	Or lando	FL 37	S \$ 9		
PART I: NOTIFICATION			anne de cue de como en como un constitución de como en como un como en		
(check appropriate box)					
1. Existing facility notified DA	RM by 9/1/96			Ē	
2. New facility notified DARM	30 days prior to sta	rtup		C	a
3. Facility failed to notify DAR	M to use general pe	rmit			a
PART II: CLASSIFICATION	7		4		
Facility indicated on notificate (check appropriate box) A.	on form that it is:				
1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	I	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr ll/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr gal/yr ll/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classi	fication	DY DN			
If no, please check the approp	riate classification:				
	fied for a general pe eds above limits and				
B. The total quantity of perch facility was 130 gallon		purchased within	the preceding 12 month	hs by this dry cl	caning

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

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?	םץ בא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON SIA
	Is the temperature differential equal to or greater than 20° F?	DY ON N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON BNIA
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON WA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DN/A
∥p	DEVI DECORDIZEDINO DECITORIZEDINO	11
	ART V: RECORDKEEPING REQUIREMENTS	
II	as the responsible official: heck appropriate boxes)	
(c	as the responsible official:	DY EN
(c	as the responsible official: heck appropriate boxes)	OY ON
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	/
1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY EN
H (c	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
1. 2. 3. 4 5	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	
1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	
1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	
1. 2. 3. 4 5 6 7	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	
1. 2. 3. 4 5 6 7	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	
1. 2. 3. 4 5 6 7 8	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

2.	Which method of detection is used by tl	e respons	ible offic	cial?		
	Visual examination (condensed so	dvent on c	exterior s	surfaces)	র্ব /	
	Physical detection (airflow felt thr	ough gask	ccts)	•	[2]	
	Odor (noticeable perc odor)			•	13	
	Use of direct-reading instrumenta	tion (FID/	PID/calc	orimetric (nbes)		
	If using direct-reading instrume	ntation, i	s the equ	uipment:		
	a. Capable of detecting 1	erc vapor	concent	rations in a range of 0-500 ppm?		1
	b. Calibrated against a s (PID/FJD only)?	tandard ga	as prior t	to and after each use		1
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					4
d. Kept in a clean and secure area when not in use?					טץ ט	4
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					UY U	N
3.	Has the facility maintained a leak log?				UY Q	4
4.	Does the responsible official check the	following	areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	ŒΥ	ПN	Muck cookers	יאט	ПИ
	Door gaskets and scating	ĽΥ	ПN	Stills	αÝ	ПИ
	Filter gaskets and seating	ΔY	ИΩ	Exhaust dampers	ĽΥ	ПN
	Punips	ŒΥ	ПN	Diverter valves	ďΥ	ПИ
	Solvent tanks and containers	ØΥ	ПN	Cartridge filter housings		ПИ
	Water separators	₫Y	ПИ			

Fenicio Ferret Jr. Name of Responsible Official	:
Todd Fletcher	3/13/97
Inspector's Name (Please Print)	Date of Inspection 9 13 97 Approximate Date of Next Inspection
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: AT	NUAL	Ø	COMPLAINT/DIS	COVERY	977
RI	E-INSPECTION			Jreau of & Mo	
airs id#: <u>0950307</u> date	11/1/99 1: 10/25/99	b time i	09:15 n: 10:05 dd tii	ME OUT:	0935
FACILITY NAME: Ferret	Cleaner	S		Monito	/ E
FACILITY LOCATION: 707	7 S. Or	ange	Blossom T	railia	
Orl	ando, F	L 3	2809		
responsible official: Fer				- 859-	2027
CONTACT NAME:			PHONE:		
io/29/99 - coma	back Mon No	V 12			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 day	vs prior to startup	•			a
2. Facility failed to notify DARM to u					· 🖸
				·	
PART II: CLASSIFICATION					
Facility indicated on notification for	m that it is:		☐ No notification t	form	
(check appropriate box)			☐ Drop store/out o	f business/pe	etroleum
A. 1. Existing small area source	□ 2.	New small a	rea source	Z.	
dry-to-dry only, x < 140 gal/yr			, x < 140 gal/yr		
transfer only, x < 200 gal/yr		•	< 200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)		h types, x <	140 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ ga		New large a	rea source , 140 < x ≤ 2,100 gal/	\ <u>\</u>	
transfer only, $200 \le x \le 1,800$ gal/y	-		$0.0 \le x \le 1,800 \text{ gal/yr}$	уı	
both types, $140 \le x \le 1,800$ gal/yr			$\leq x \leq 1,800 \text{ gal/yr}$		• ,
(constructed before 12/9/91)	(co	nstructed on	or after 12/9/91)		
5. This is a correct facility classific	ation 🗹	√ □N	□Can not determin	ıe	
If no, please check the approp	riate classification	· :			
	ified for a general		mber abov	ve	
facility exce	eds above limits a	nd is not elig	gible for a general per	mit	ŀ

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? ZY ON ON/A 2. Examining the containers for leakage? m√ □N 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? DY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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:	
ι.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ENY PON			
2. Maintained rolling monthly total of perc consumption?	ETY ON			
3. Maintained leak detection inspection and repair reports for the following:	/			
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	ØY ON			
7. Maintained deviation reports?	OY ON MIN/A			
Problem corrected?	איאם אם אם אם			
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?			DY ON	
2.	Has the facility maintained a leak log?			ON ON	
3.	. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings,	6		4	
	couplings, and valves	ØY □N □N/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	MY ON ON/A	•		
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt thr	ough gaskets)	•		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			☑N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			חם צם	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
	d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON	
	Ilka Bundy Nov. 1, 1999				
•	Inspector's Name (Please Print) Date of Inspection				
	Ilka Bund		Nov. 1 200)U	
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:	·	·
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<i>:</i>	•	
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HKW WALLE AB

Orange County Environmental Protection Department

AIRS 10#: 0950307

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ferret Cleaners	DATE! / 199
FACILITY LOCATION: 7077 S. Orange B	lossom Trail
Orlando, FL 3280	9
Annual Reporting Period: Nov. 17	98 to Nov. 1 1999
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period of	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in conti	nuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in conti	mious compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, m upon rolling averages of purchase receipts, does not exceed 2,100 gal year for transfer or combination facilities.	y annual consumption of perchibroethylene solvent, based lons per year for livy-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: FENICIO O. FERRET J. Name (Please Print)	Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMPE	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 0915 TIME OUT: 0935	AIRS ID#: 0950307
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Ferret Cleaners	DATE: 11-1-99
FACILITY LOCATION: 7077 S. Orange Blosso	
Orlando, FL 32809	A Section 19
RESPONSIBLE OFFICIAL: Fenicio O. Ferret, Jr.	PHONE NUMBER: 407-859-2027
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
Facility in Compliance.	
The Annual Compliance Certification form has been properly certified DATE OF NEXT INSPECTION: $11 - 1 - 200$	
(Appr	oximate)
INSPECTION CONDUCTED BY: 1/ka Sund	√ se Print)
INSPECTOR'S SIGNATURE: Mr. Bunch	PHONE NUMBER: 836 -1400
Page 1	of Revised 10/90

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

1-50-01	No
violation entered	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

	4, 9, 2
AIRS ID#: 0950307 DATE: 1-26-01	_ TIME IN: 1210 STIME OUT: 1250
FACILITY NAME: Ferret Cleaners	Or Controller
FACILITY LOCATION: 7077 South Or	lange Blossom Trail
Orlando FL	32809
RESPONSIBLE OFFICIAL: Fenicio O. Fer	ret, Jr. PHONE: 407-859-2027
CONTACT NAME:	PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum					
A.						
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)					
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	☑Y □N □Can not determine					
If no, please check the appropriate classific	If no, please check the appropriate classification:					
facility qualified for a general	neral permit as number above					
	· · · · · · · · · · · · · · · · · · ·					
B. The total quantity of perchloroethylene (perc) pufacility was 20 gallons.	rchased 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)	,		
Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A		
2. Examining the containers for leakage?	DY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	DY DN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MONA		
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 refrig (complete A below).	erated 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 refrigerated condenser (complete A and B below).			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	,		
Equipped all machines with the appropriate vent controls?	MA ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON WN/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY 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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	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
		and Marketing of State (State of Manager Manag
PA	ART V: RECORDKEEPING REQUIREMENTS	

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspecti	ion?			Ma Div	
2. Has the	facility maintained a leak log?			OY ON	
3. Does th	e responsible official check the fo	ollowing areas for leaks?			
l	ose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
D	oor gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
Fi	ilter gaskets and seating	ØY ON ON/A	Exhaust dampers	MY ON ON/A	
Pı	umps	MY ON ON/A	Diverter valves	MY ON ON/A	
So	olvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A	
w	ater separators	MY ON ON/A			
4. Which r	nethod of detection is used by the	e responsible official?		<i>,</i> .	
Vi	isual examination (condensed sol	vent on exterior surfaces)		a	
Pl	nysical detection (airflow felt thro	ough gaskets)			
00	ପ୍ର				
Us	o l				
Ha					
	⊠N/A				
	DY DN				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	□Y □N	
	d. Kept in a clean and sec	ure area when not in use?		OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
		AND THE RESERVE OF THE PERSON	The state of the s	The second secon	
Illa Bundy 1-26-01					
	Inspector's Name (Please Print))	Date of Inspection		
	Alla Bund		2-26-0		
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDI	ITIONAL	SITE	INFORMATION:

JAN 13, 2000 New machine

Transferred perc from old machine to new machine.

1-12.99 19.5

4-19-99 20.0

6-22-99 19.5

9-7-99 19.5

11-10-99 19.5

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	СОМ	PLAINT/DISCO	VERY	RE-INSP	ECTION
TIME IN: 1210	TIME OUT:	1250		AIRS ID#: 095	50307	
TYPE OF FACILITY: Dry	Cleaner		and the second s			<i>[</i>
FACILITY NAME: Ferre	t Cleaners	S			DATE: 1-2	?6-01
FACILITY LOCATION: 707	7 South O	range	Blosson	Trail		
Or	lando, FL	3280		·		
RESPONSIBLE OFFICIAL: Fev	ricio O. Ferret	,Ir.	PHO	ONE NUMBER:	407-85	9-2027
Based on the results of the compliance with DEP Ro	ule 62-213.300, Florida ne compliance requiren	a Administra	tive Code (F.A.C	C.).		
discrepancies were noted COMPLIANCE REQU		BLEM	FOLLO	W-UP ACTIO	ON REQUI	RED
Needs temperat	ure condense	er log	Re-	-inspect	in 1	ma.
Needs leak defe	ection log	! :		11	-	
[7:1:	32				,	
COMMENTS:						
Re-insp	ect in]	1 mo)	nth.			
The Annual Compliance Certifica	ation form has been pro	^ ^		to the inspector.	YES	NOV
DATE OF NEXT INSPECTION	N:		16-01			
INSPECTION CONDUCTED	BY:	Illen T	proximate) OUNO 4 ease Print)			
INSPECTOR'S SIGNATURE:	Ilha B	t mi	-	ONE NUMBER:_	407-8	36-1400
		Page	of .			Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 2-26-01 M

	, , , , , , , , , , , , , , , , , , ,			
TYPE OF INSPECTION: ANNUAL (INS RE-INSPECTIO	ON (FUI)			
AIRS ID#: 0950307 DATE: 2-26-	01 TIME IN: 0927 TRUE 0840 0949			
FACILITY NAME: <u>Ferret Clea</u>	ners wor of			
FACILITY LOCATION: 7077 South				
Orlando, F				
RESPONSIBLE OFFICIAL: Fenicio D.	Ferret, Jr. PHONE: 407-859-2027			
CONTACT NAME:				
PART I: NOTIFICATION				
	F. The Court By			
(check appropriate box)	Facility Compliance Status: IN			
New facility notified DARM 30 days prior to star	rtup 🔲 (ARMS Data) MNC 🗖			
2. Facility failed to notify DARM to use general per	rmit 🗆 SNC 🗅			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
I. 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, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$			
(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, $140 \le x \le 2,100 \text{ gal/yr}$			
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr				
both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$				
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
5. This is a correct facility classification	Y ON OCan not determine			
If no, please check the appropriate classific	ation:			
facility qualified for a general permit as number above				
	nits and is not eligible for a general permit			

facility was 20

gallons.

PART III: GENERAL CONTROL REQUIREMENTS 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? ZY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at BY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DIN/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) ETY ON 1. Equipped all machines with the appropriate vent controls? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
l	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?	·QY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩŸ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY.	□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?	ΠY	ПN	□N/A
	ls 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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	_ □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)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON PANIA
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 DINIA
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?	ØY ON
7. Maintained deviation reports?	DY ON EM/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON MON/A

PA	RT VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a v	veekly (for small sources	, bi-weekly) leak detection ar	ıd repair
	inspection?			er, on
2.	Has the facility maintained a leak log?		. .	DAY ON
3.	Does the responsible official check the f	ollowing areas for leaks?		
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	ZY ON ON/A	Stills	ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	CY ON ON/A
	Water separators	MY ON ON/A		·
4.	Which method of detection is used by th	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces	· ·	र्घ
	Physical detection (airflow felt three	ough gaskets)		
•	Odor (noticeable perc odor)			व
	Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	
•	Halogen leak detector			ر ت
	If using direct-reading instru	mentation, is the equipa	ment:	DAN/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	CIY CIN
	b. Calibrated against a sta	andard gas prior to and at	fter each use	
	(PID/FID only)?			
	c. Inspected for leaks and			OY ON
	d. Kept in a clean and sec		•	DY DN
	e. Verified for accuracy b	by use of duplicate sampl	es (calorimetric only)?	OY ON
		<u>-</u>		٠.
	Ilka Bundy		2-26-0	/
	Inspector's Name (Please Print)	Date of Inspection	

. 4 of 5

Inspector's Signature

Approximate Date of Next Inspection

NAL SITE INFORMA					
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BEST AVAILABLE COPY

IRS ID#: 0950307

Revised 01/18/00 ARMS 2-28-01 W

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME:	Ferret Cleaners	S		DATI	: 2/26/2001
ACILITY LOCATIO	Ferret Cleaners N: 7077 South Orlando, FL	Orange	Blossom	Trail	
· .	Orlando, FL	32809			
	· · · · · · · · · · · · · · · · · · ·				·
nnual Reporting Period	i: November	26,1999	TO Nov	ember	20_00
ased on each term or c	ondition of the Title V general air p	gr ermit my facility l	as remained in com	nliance with D	2D Dula
	ninistrative Code (F.A.C.), during t			YES	NO
NO, complete the following	owing:				
. Term or condition o	of the general permit that has not be	en in continuous co	ompliance during the	reporting perio	od stated above:
· · · · · · · · · · · · · · · · · · ·					
xact period of non-com	ppliance: from		to		· · · · · · · · · · · · · · · · · · ·
ction(s) taken to achiev	ve compliance:				
ethod used to demonst	rate compliance:	·			·
2. Term or condition o	f the general permit that has not be	en in continuous co	ompliance during the	reporting perio	od stated above:
xact period of non-com	pliance: from	· .	to		
ction(s) taken to achiev	ve compliance:			<u> </u>	·
ethod used to demonst	rate compliance:				
				•	
this notification are tr	al, I hereby certify, based on informue, accurate and complete. Furthen not exceed 2,100 gallons per year for the cital.	r, my annual consi	imption of perchloro	pethylehe solver per year for tr	u, based upon
	Name (Please Prin	(t)	8ignature	D	ate /
		· · · · · · · · · · · · · · · · · · ·	7.		

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗇 .	COMPLAIN	ſ/DISCOVERY □	RE-INSPECTION
TIME IN: 0927	TIME OUT:	0940	AIRS ID#: <u>(</u>	7950307
TYPE OF FACILITY: Dev	Cleaner			
FACILITY NAME: Ferre	<u> </u>		D	ATE: 2-26-0/
FACILITY LOCATION: 70	^ \ \ A	ange Blo	ssom Trail	,
l .	rlando FL	32809		
RESPONSIBLE OFFICIAL: Y	. '-		<u> </u>	r: <u>407-859-202</u> 7
Based on the results of the co	•	. -	•	y is found to be in
compliance with DEP Rule 6	C 1			
Based on the results of the co	ompliance requirements of	evaluated during the	his inspection, the follow	ving compliance
discrepancies were noted: COMPLIANCE REQUIR	EMENIT/DDADI I	EM SOMEO		ON DECLUDED
COMPLIANCE REQUIR	EMEN1/PRODLI	EIVI & FU	LLOW-UP ACTI	ON REQUIRED
·			• .	
•			,	
				La Company
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COMMENTS:	J.,			
• •	1	•		, as
Facility	in compl	ance.		
The Annual Compliance Certification	form has been properly	certified and subm	nitted to the inspector.	YES & NO D
DATE OF NEXT INSPECTION:		pproximate)		
INSPECTION CONDUCTED BY:	Ilka	Bundy		
INSPECTOR'S SIGNATURE:	Illea Burst	Please print)	PHONE NUMBER:	407-836-1400
45.40.70700	Page	1 of 1.		•
45-19 (6/00)	٠	_		

The state of the s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
Article Addressed to: Article Addre	If YES, enter delivery address below:
10 AIRS ID # 0950307001AG FENICIO ORLANDO FERRET JR FERRET CLEANERS	
7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	3. Service Type Certified Mail
2210662996	4. Restricted Delivery? (Extra Fee) .
2. Article Number (Copy from service label) 7000 0600 000 1 651	2710121871111
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

and the street of

	Z 510 (662.996 .	
	US Postal Service Receipt for Cer	tified Mail	
	FENICIO ORLAND FERRET CLEANER	RS NGE BLOSSOM TRAIL	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
LO LO	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
, PS Form 3800 , April 1995	Postmark or Date		

L	(Domestic Mail 🕏	MAIL REC	EIPT Coverage Provided)
0215	Article Sent To:		10 3
ä	22106	62996 (ad)
7	Postage	\$	
L 5	Certified Fee		Postmark
7	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
209	Total Postage & Fees	\$	
10	Name (Please Print Clearly	to be completed by mail	er)
7000	Street, Apt. No.; or PO Bo	307001 A	19
	PS Form 3800, July 1999		See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405391 FEB15 2001

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 # 0950307

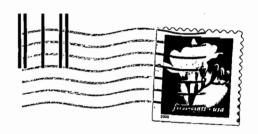
FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

FERRET CLEANERS
7077 S.O.B.T
ORLANDO FL 32809





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

92915-9070

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E STICKER AT TOP OF ENVELOPE EOUD ALTOTTED LINE FOULD ALTOTTED LINE	
 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 Addressee Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0950307 FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL	
ORLANDO FL 32809	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
4	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000110600100216 4/1	261571248 1111
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
다		Secretary of the second			
52					
먑	Postage	\$			
7	Certified Fee		Postmark		
뮙	Return Receipt Fee (Endorsement Required)		Here		
	Restricted Delivery Fee (Endorsement Required)				
日日		[,			
	FERRET CLEANER	AIRS ID # 09:	50307		
-	FENICIO ORLANDO FERRET ID				
7000	ORLANDO FL 3280	GE BLOSSOM TRAIL	· · · · · · · · · · · · · · · · · · ·		
{	D-A-T		ise for Instructions		

•	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery 110 C. Signature X Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0950307 FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	3. Service Type
ORLANDO LE 32807	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

. . . _____

	US Postal Service - * Receipt for Cer No Insurance Coverage	Provided.	
	Do not use for Internatio	nal Mail (See reverse)	
	-	AIRS ID # 0950307	
	ERRET CLEANERS	-	
	NICIO ORLANDO FE		
	77 SOUTH ORANGE	BLOSSOM TRAIL	
OF	RLANDO FL 32809	·].	
		Ĩ	
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199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

on the reverse side?	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.			
N ADDRESS completed	AIRS ID 0950307 FERRET CLEANER CORP FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	4a. Article Number 1-333 613003 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		Contified Business Cod
ls your RETURI	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only in paid) Domestic Retu	requested Yuart

US Postal Service Receipt for Certified Mail AIRS ID 0950307 FERRET CLEANER CORP FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302638

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

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 13 98

Do NOT Remove Label

AIRS ID#0950307

FERRET CLEANER CORP FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258547

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

RECEIVED MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950307

FERRET CLEANER CORP FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

035.9992

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$5

Do NOT Remove Label

AIRS ID # 0950307

FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809

Mobile Sources 375501014999 FO: BI

37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Ol adolanua jo dol jano auij le plod 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 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.	1. Addressee's Address
3. Article Addressed to: AIRS ID # 0950307 FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Pant Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid) SSS-97-B-0179 Domestic Return Receipt

•	, Z 333	660	337	1999			
ĺ	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
FE) 707	RRET CLEANERS NICIO ORLANDO FE 17 SOUTH ORANGE LANDO FL 32809	RRET	RS ID#(JR OM TR				
	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
PS Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered						
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300	TOTAL Postage & Fees	\$					
ਲ ਜ	Postmark or Date						
For		-					
S							



(cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390011

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

MAIL ROOM DEC 23 99

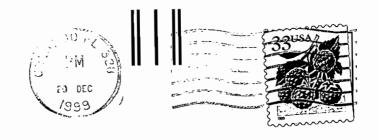
Do NOT Remove Label

AIRS ID # 0950307

FERRET CLEANERS FENICIO ORLANDO FERRET JR 7077 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 FERRET CLEANERS
70>> S. DRANGE BLOSSOM YR.
ORLANDO FL 32809



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

92315X3070

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