

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 7, 1996

Mr. Jong Y. Lee Florida Center Cleaner 5685 Vineland Road Orlando, Florida 32819

Dear Mr. Lee:

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	JONG Y. LEZ/ FLORIDA CENTER CLEANER
2.	Site Name (For example, plant name or number):
	FLORIDA CENTER CLEANER
3.	Hazardous Waste Generator Identification Number:
	FLD 006 557 581
4.	Facility Location: Street Address: 5685 Vioceland Rd.
	City: Orlando County: Orange Zip Code: 32819
5.	Facility Identification Number (DEP Use):
	0950310
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	Joang y Lee Owner
7.	Responsible Official Mailing Address:
	Street Address: 48+ Vanala Lead
	Responsible Official Mailing Address: Organization/Firm: Florida Center Cleaners Street Address: 5685 Viole land Rd City: Collando Zip Code: 32819
8.	•
	Telephone: (407) 357 - 4616 Fax: () -
	Facility Contact (If different from Responsible Official)
	racinty Contact (11 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:
1 1	Facility Contact Talankana Numban
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Tun. ()

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Bureau of Air Monitoring & Mobile Sources

0950310

9-20-96 Spoke to Jong Lee, he Uses 300-350 gallevery Other Week.

P.15 4 Should not be marked

Facility Information

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

		Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		. "							. 41
(1) w/ ref. condenser	-	06-oct-9	b						
(2) w/ carbon adsorber									
(3) w/ no controls								-	
Washer Unit			* - *				,		1.5
(4) w/ ref. condenser									
(5) w/ carbon adsorber	-								
(6) w/ no controls									
Dryer Unit		ere e e e e	·						Augina a
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		1		ĺ					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices are 2.(a) What was the total q [uanti gallo	equired to be ity of perchloons ow many? [_	installed [_ proethylene (] months	perc)	purchased in				
			ivew owner.		_j New Store		not k	eep records:	

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9-20 Spoke to Jong Kee, he uses 300-350 gas every Other week of Propane gas.

PM = .416 . 9,100 galler - 3.64

Nox= 127

Co = 17

to C = 5

4. What control technology is required on machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing large area source	Existing Small area Source
Carbon adsorber []	Existing Small area Source Refrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	•
	s units shall not be eligible to use the general permit pursuant nd hot water generating units on-site meet the following e:
) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X] Propane Gas.
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιχı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 it it all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	8-25-96 Date

0950310 9-20-96 Spoke to Jong Lee, he Uses 300-350 gal-every

1.	Facility Owi	
	JONE P.15	NER
2.	Site Name 4. Should not be marked	
	7	
3.	Hazardous	
		•
<u> </u>	T 11 11 11 11 11 11 11 11 11 11 11 11 11	
4.	Facility I	
	Street A City:	:32819
	Chy. O	" 2001
5.	Facility	
		0950310
		$\mathcal{O}^{*}(\mathbb{R}^2)$
6.	Name	
	· · · · · · · · · · · · · · · · · · ·	
7.	Responsible Official Mailing Address:	
	Responsible Official Mailing Address: Organization/Firm: Flor: da Ceuter Cleaners Street Address: 5685 Vioul land Rd City: Chlando County: Change	
	City: a / Viol land Rd	Zip Code: ろえ チュタ
	Chlando Change	Zip code. 1947/
8.	Responsible Official Telephone Number:	
	Telephone: (407) 357 - 4616 Fax: ()	
		_
	Facility Contact (If different from Responsible Official)	
	racincy Contact (if different from Responsible Official)	

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

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JONG Y. LEE / FLORIDA CENTER CLEANER 2. Site Name (For example, plant name or number): FLORIDA CENTER CLEANER 3. Hazardous Waste Generator Identification Number: FLD 006 557 58/ 4. Facility Location: Street Address: 5685 Vineland Rd. City: Onlands County: Opense Zip Code: 32819	•
 Site Name (For example, plant name or number): FLORIDA CENTER CLEANER Hazardous Waste Generator Identification Number: FLD 006 557 58/ Facility Location: Street Address: 5685 Vioulland Rd. 	•
 Site Name (For example, plant name or number): FLORIDA CENTER CLEANER Hazardous Waste Generator Identification Number: FLD 006 557 58/ Facility Location: Street Address: 5685 Vioulland Rd. 	•
 3. Hazardous Waste Generator Identification Number: FLD 006 557 58/ 4. Facility Location: Street Address: 5685 Vineland Rd. 	•
FLD 006 557 58/ 4. Facility Location: Street Address: 5685 Vineland Rd.	-
4. Facility Location: Street Address: 5685 Vioceland Rd.	
Street Address: 5685 Vioceland Rd.	
Street Address: 5055 V/OCEXAMA RG.	
City: Orlando County: Orange Zip Code: 32819	
5. Facility Identification Number (DEP Use):	
0950310	
	275
Responsible Official	
6. Name and Title of Responsible Official:	
Joorg y. Lee Owner.	
	<u>.</u>
7. Responsible Official Mailing Address: Organization/Firm: Florida Center Cleaners Street Address: 5685 Viole land Rd City: Calando Zip Code: 32819	
Street Address: - LSt Vine land and	
City: Calando County: Change Zip Code: 32 \$19	?
8. Responsible Official Telephone Number: Telephone: (ひつ) ろケー ひんしん Fax: () -	
Telephone: (407) 357 - 4616 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
10. I defintly Contact Address.	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

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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 Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls	#1	Machine Initially Purchased 03-OCT-93	Control Device Installed	ID #2	Machine Initially Purchased	Control Device Installed		Machine Initially Purchased	Control Device Installed
Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls		Purchased 03-OCT-93	Installed		Purchased			Purchased	Installed
Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls		03-OCT-93	J			Installed		·	
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls	#1		12-NOV-93	#2	08-DEC-91				
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls		66-0ct-9					#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls		66-oct-9							
(3) w/ no controls			b	T		1			<u> </u>
	+					_	_		
Washer Unit									
(4) w/ ref. condenser]	_					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser		1							
(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 (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is les 	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	× perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small at Existing large ar	Selectrea so	et one classifi	cation only.)	ew sn	nitions found nall area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machine: (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber New small area source Refrigerated condenser New large area source Refrigerated condenser	Refrigerated condenser [X]
	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following e:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X] Propaul Gal.
· .	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	نكا
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	<u></u>
(f) Start-up, shutdown, malfunction plan	\mathcal{L}

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement, maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
Signature	$\frac{8-25-96}{\text{Date}}$
S	of Joy Dec 5-12-97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 10	
TYPE OF FACILITY: DVY Cleaner	
FACILITY NAME: Forda Cante	DATE: 5/27/97
FACILITY LOCATION: 5685 Vine and	1 121.
RESPONSIBLE OFFICIAL: Jong Y. Lee	PHONE NUMBER: 351-4616
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Need to Keep an updated Leak Detection Log	
0	
	, '
and the second s	
· ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/22	198
INSPECTION CONDUCTED BY:	Decerimate)
INSPECTOR'S SIGNATURE: 10.00 Flet	

Page___of_

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION SHECKLIST

TYPE OF INSPECTION:	AMMUAL. RE-INSPECTION		AIBTI/DISCOVERY	Ü
AIRS ID#: <u>0950 310</u>				
FACILITY NAME: — F				
FACILITY LOCATION:	5685 VI	neland Ro	1	
	Orlando	F1 3 26	3 19	
PARTI: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified D.	ARM by 9/1/96			Q -//
2. New facility notified DARN	A 30 days prior to start	up		
2 Franklik Citians and Cars A	DM to use governl nour			
3. Facility failed to notify DA PART II: CLASSIFICATION	N			
PART II: CLASSIFICATION Facility indicated on notifical (check appropriate box) A.	ON Ation form that it is:			
PART II: CLASSIFICATION Facility indicated on notificated (check appropriate box)	on ation form that it is: urce Ly /yr	2. New small area soundry-to-dry only, x<140 galynoth types, x<140 gal/yr (constructed on or after	gal/yr /yr :	
PART II: CLASSIFICATION Facility indicated on notificate (check appropriate box) A. 1. Existing small area so dry-to-dry only, x<140 gally transfer only, x<200 gally both types, x<140 gallyr	on ation form that it is: urce L1 100 gal/yr 100 gal/yr gal/yr	2. New small area some dry-to-dry only, x<140 g transfer only, x<200 gal both types, x<140 gal/yr	gal/yr /yr : 12/9/91) ree	
PART II: CLASSIFICATION Facility indicated on notificate (check appropriate box) A. I. Existing small area so dry-to-dry only, x<140 gally transfer only, x<200 gally both types, x<140 gallyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 <x<2, 140<x<1,800<="" 200<x<1,80="" both="" only,="" td="" transfer="" types,=""><td>on ation form that it is: urce Ly /yr t 1) urce LJ 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr</td><td>2. New small area some dry-to-dry only, x<140 g transfer only, x<200 gal both types, x<140 gal/yr (constructed on or after 4. New large area sour dry-to-dry only, 140<x<1 140<x<1,80<="" 200<x<1,="" both="" only,="" td="" transfer="" types,=""><td>gal/yr /yr : 12/9/91) ree</td><td></td></x<1></td></x<2,>	on ation form that it is: urce Ly /yr t 1) urce LJ 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr	2. New small area some dry-to-dry only, x<140 g transfer only, x<200 gal both types, x<140 gal/yr (constructed on or after 4. New large area sour dry-to-dry only, 140 <x<1 140<x<1,80<="" 200<x<1,="" both="" only,="" td="" transfer="" types,=""><td>gal/yr /yr : 12/9/91) ree</td><td></td></x<1>	gal/yr /yr : 12/9/91) ree	
PART II: CLASSIFICATION Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x<140 gally both types, x<140 gallyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9)<="" before="" both="" only,="" td="" transfer="" types,=""><td>on ation form that it is: urce L1 1) urce L1 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr</td><td>2. New small area soundry-to-dry only, x<140 g transfer only, x<200 gal both types, x<140 gal/yr (constructed on or after 4. New large area soudry-to-dry only, 140<x< (constructed="" 140<x<1,80="" 200<x<1,="" after<="" both="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr /yr : 12/9/91) ree</td><td></td></x<></td></x<2,>	on ation form that it is: urce L1 1) urce L1 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr 100 gal/yr	2. New small area soundry-to-dry only, x<140 g transfer only, x<200 gal both types, x<140 gal/yr (constructed on or after 4. New large area soudry-to-dry only, 140 <x< (constructed="" 140<x<1,80="" 200<x<1,="" after<="" both="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr /yr : 12/9/91) ree</td><td></td></x<>	gal/yr /yr : 12/9/91) ree	

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

 Has the responsible official of an existing large or new large area source also: Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	
on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 2. Measured and recorded the washer exhaust temperature at the condenser	
·	
Is the temperature differential equal to or greater than 20° F7	- 17
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?	/A
Is the pere concentration equal to or less than 100 ppm?	
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?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	/Λ
6. Routed airflow to the carbon adsorber (if used) at all times?	/Λ
PART V: RECORDKEEPING REQUIREMENTS	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/ /
1. Maintained receipts for perc purchased?	ON DIN
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	בוא הא
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ם א מא
4. Maintained calibration data? (for direct reading instruments only)	מאַ אָרו אַ אַרו
5. Maintained exhaust duct monitoring data on perc concentrations?	אם אם אם
6. Maintained stártup/shutdown/malfunction plau?	ארו אנו
7. Maintained deviation reports?	מא פא
Problem corrected?	אט צם
8. Maintained compliance plan, if applicable?	אואש אם צם

UY UN

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?

2. Which method of detection is used by	the responsi	ble offici	al?	
Visual examination (condensed	solvent on e	xterior si	ırfaces)	₽ .
Physical detection (airflow felt t	hrough gask	cls)	•	
Odor (noticeable perc odor)				13
Use of direct-reading instrumen	tation (FID/I	PID/calor	rimetric tubes)	
If using direct-reading instrur	nentation, is	the equ	ipment:	
a. Capable of detecting	g pere vapor	concentr	ations in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard ga	s prior to	and after each use	OY ON
c. Inspected for leaks	and obvious	signs of	wear on a weekly basis?	UY UN
d. Kept in a clean and	DY DN			
e. Verified for accurac	y by use of c	luplicate	samples (calorimetric only)?	אם אם
3. Has the facility maintained a leak log	;7			DY BN
4. Does the responsible official check the	c following	areas for	Teaks?) ·
Hose connections, fittings, couplings, and valves	ŒΥ	ПИ	Muck cookers	אם אַ
Door gaskets and scating	ĽÍY/	ПN	Stills	DY ON
Filter gaskets and scating	ďΥ	ПN	Exhaust dampers	CIY / CIN
Pumps	ΠΆ	ПN	Diverter valves	מבו / ציבו
Solvent tanks and containers	ΔY	ПИ	Cartridge filter housing	s DY DN
Water separators	ΕΊΥ	מט		

Name of Responsible Official

Todd Fletcher

Inspector's Name Please Print

Inspector's Signature

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 9

AIRS ID#0950310

JONG Y LEE JONG Y LEE 5685 VINELAND ROAD

5685 VINELAND ROAD ORLANDO FL 32819 ureau of Air Monitoring & Mobile Sources ECEIVEL CEIVEL

Do NOT Remove Label

Annual Reporting Period:	19 <i>98</i>	19
	general air permit, my facility has remained in complian A.C.), during the period covered by this statement.	
If NO, complete the following:	<i>,</i>	
#1. Term or condition of the general permit th	nat has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit th	nat has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	to	,
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
notification are true, accurate and complete. Fur	on information and belief formed after reasonable inquiry, to ther, my annual consumption of perchloroethylene solvent, b dry facilities or 1,800 gallons per year for transfer or combina	ased upon purchase receipts,
RESPONSIBLE OFFICIAL: JONG Name	Y. LEE (Please Print) Signature	Date 2/13/98

^{*}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 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:45 TIME OUT: 12	115 AIRS ID#: 0950 310
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Florida Center C	Leuner DATE: 6/11/98
FACILITY LOCATION: 5685 VINCTER	J Rd
Orlando Fl	·
RESPONSIBLE OFFICIAL: Jong V. Lee	PHONE NUMBER: 407 351 - 4616
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	• • •
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	_
	P
- }	
	
	Moderate 14
	W 29 144 O
3	
COMMENTS:	
Facility in (20 mpliance
ř	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6/11/90	<u> </u>
INSPECTION CONDUCTED BY: ODD F	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836,9524

RECEIVED TO PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCON TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 0950310 DATE: 6/11/98 TIME IN: 11/45 TIME OUT: FACILITY NAME: FACILITY LOCATION: 51585 PHONE: 407-351-4616 RESPONSIBLE OFFICIAL : CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer 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) 4. New large area source \Box 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 < x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1.800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) A . ΠN □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number _

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

facility was 90 gallons.

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

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

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	DY 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;	איאם אנו צ'צ
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם אַר
6. Maintained startup/shutdown/malfunction plan?	אט אַצ
7. Maintained deviation reports?	DY DN DYNA
Problem corrected?	עואפט אנט אנט
8. Maintained compliance plan, if applicable?	OY ON ON/A

 Does the responsible official conduct a weekly (for small sources, bi-weekly) le inspection? Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Hose connections, fittings, 	cak detection and repair					
2. Has the facility maintained a leak log?3. Does the responsible official check the following areas for leaks? Hose connections, fittings,						
3. Does the responsible official check the following areas for leaks? Hose connections, fittings,	אם אם					
Hose connections, fittings,	,					
couplings, and valves	cers DY DN DN/A					
Door gaskets and scating DOV DN/A Stills	אואם אם אים					
Filter gaskets and scating	ampers DY DN DN/A					
Pumps	alves DY DN DN/A					
Solvent tanks and containers	filter housings TY DN DN/A					
Water separators						
4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)	o⁄ l					
Physical detection (airflow felt through gaskets)	۵					
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:	12N/A					
a. Capable of detecting pere vapor concentrations in a range of	`0-500 ppm?. □Y □N					
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	. ОУ ОИ					
c. Inspected for leaks and obvious signs of wear on a weekly ba	nsis?					
d. Kept in a clean and secure area when not in use?	OY ON					
e. Verified for accuracy by use of duplicate samples (calorimet	ric only)?					
Toon Fletchen 6/11/98						
Inspector's Name (Please Print)	Date of Inspection					
Inspector's Signature Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMA	ATION:		
	•		
•			
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0950310 JONG Y LEE JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **∐**NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this

RESPONSIBLE OFFICIAL: JONG! Y. LTE Signature 7/13/9

Name (Please Print) Signature Date

notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	(2)	COMPLAINT/DISCOVERY	
	RE-INSPECTION		P	
	<u> </u>		4.	
AIRS 10#: 0950310				2030
FACILITY NAME: Flor			\$ 100 P	~
FACILITY LOCATION: 50			76 TA 3	
	rlando, FL			
RESPONSIBLE OFFICIAL:	Jong Y. La	ee	PHONE: 407 - 351 - 40	016
CONTACT NAME:				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR	RM to use general permit			
PART II: CLASSIFICATION	N			
Facility indicated on notificat			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business/pc	troleum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:	New small a	☐ Drop store/out of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal.	ion form that it is: rce		☐ Drop store/out of business/pc rea source x < 140 gal/yr	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal, transfer only, x < 200 gal/yr	ion form that it is: rce	-to-dry only, nsfer only, x	☐ Drop store/out of business/pe rea source ☐ x < 140 gal/yr < 200 gal/yr	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. dry r trained	r-to-dry only, nsfcr only, x - th types, x < 1	☐ Drop store/out of business/pe rea source ☐ x < 140 gal/yr < 200 gal/yr 40 gal/yr	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal, transfer only, x < 200 gal/yr	rce 2. dry r trained	r-to-dry only, nsfcr only, x - th types, x < 1	☐ Drop store/out of business/pe rea source ☐ x < 140 gal/yr < 200 gal/yr	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound	ion form that it is: rce	r-to-dry only, usfer only, x - lh types, x < 1 onstructed on the New large at	□ Drop store/out of business/pe rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	v-to-dry only, nsfer only, x - in types, x < 1 onstructed on one in the large and in the la	☐ Drop storc/out of business/pc rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after 12/9/91) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	n-to-dry only, nsfer only, x - th types, x < 1 onstructed on the New large at y-to-dry only, nsfer only, 20	Drop store/out of business/pc rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	nsfer only, x solid types, x < 1 onstructed on one of the types. New large and the types only, ansfer only, 20 th types, 140	☐ Drop storc/out of business/pc rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after 12/9/91) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	nsfer only, x solid types, x < 1 onstructed on one of the types. New large and the types only, ansfer only, 20 th types, 140	Drop store/out of business/pc rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallytransfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of faci	ion form that it is: rce	nsfer only, x solid types, x < 1 onstructed on one with types, x < 1 onstructed on one with types, 140 onstr	Drop store/out of business/pc rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine unber above	troleum

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

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	•				
1. Maintained receipts for perc purchased?	OY ON				
2. Maintained rolling monthly total of perc consumption?	GAY CIN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	MY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON W/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	BY ON ,				
7. Maintained deviation reports?					
Problem corrected?	OY ON CANA				
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?				OPÝ □N			
2. Has the facility ma	intained a leak log?			ØΥΎ □N			
3. Does the responsib	le official check the f	ollowing areas for leak	s?				
Hose connections, a	tions, fittings, and valves	ey on on/a	Muck cookers	MY ON ON/A			
Door gaskets	and seating	DY ON ON/A	Stills	Y ON ON/A			
Filter gasket	s and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
Pumps		MY ON ON/A	Diverter valves	ØY □N □N/A			
Solvent tank	s and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separa	itors	MY ON ON/A					
4. Which method of	detection is used by th	e responsible official?					
Visual exam	ination (condensed so	lvent on exterior surfac	ces)	₽∕			
Physical dete	ection (airflow felt thre	ough gaskets)					
Odor (notice	able perc odor)			<u>u</u>			
Use of direct							
Halogen leal							
If using	IDHV/A						
a. (a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
II .	_	andard gas prior to and	d after each use	OY ON			
	(PID/FID only)?	4 -1ii C	a a a a a a a a a a a a a a a a a a a	OY ON			
	_	d obvious signs of wear		OY ON			
	-	cure area when not in					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON			
	in Bundy		6-7-99				
Inspecto	r's Name (Please Prin	it)	Date of Inspe	ection			
JUL	ia Bunds		6-7-2	000			
Inspector's Signature Approximate Date of N				Next Inspection			

ADDITIONAL SITE INFORMATION:	
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Orange County Environmental Protection Department

AIRS ID#: 0950310

Job V

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Florida (Center	Cleaner	_		_DATE: _	6-7-99
FACILITY LOCATION: 5685 V	ineland	Rd.			_	
Orlando	o, FL	32819				_
	,			_		
Annual Reporting Period: June	, 7	19 98	/ то	June	7	19 <u>9</u> 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (_		-	⁄ت		Rule □NO
If NO, complete the following:						
#1. Term or condition of the general permi	t that has not be	en in continuous	compliance	during the repo	rting 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 permi	t that has not bee	en in continuous	compliance	during the repo	rting 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. I	Further, my anni	ial consumpt	ion of perchlore	oethylene so	lvent, based
RESPONSIBLE OFFICIAL: Na	me (Please Print	<u> [EZ</u> _	Jof	Signature	Kae_	Date

Page _ of _ ___

^{*}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 COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1010 TIME OUT: 1030	AIRS ID#: 0950310
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Florida Center Cleane	DATE: 6-7-99
FACILITY LOCATION: 5685 Vineland Ro	
Orlando, FL 32819	
RESPONSIBLE OFFICIAL: Jong Y. Lee	PHONE NUMBER: 407-351-4616
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	j
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6-7-200	·
INSPECTION CONDUCTED BY: The Burry	roximate)
·	PHONE NUMBER: 836 - 9529
Page_/	of <u>/</u> . Revised 10/96

095 0310

BEST AVAILABLE COPY

Revise

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		····		· · · · · · · · · · · · · · · · · · ·
ACILITY NAME: Florida (Center Clea	ner		DATE: <u>6-19-00</u>
ACILITY LOCATION: 5685 V	ineland Rd	, • •		
Oclouda	, FL 32819			
<u> </u>	, 12 2001			
nnual Reporting Period: June 1	, 1999	2018 TO	June	19 20 OC
ased on each term or condition of the Title V	/ general air permit, m	y facility has rein	ained in compliance	with DEP Rule
2-213.300, Florida Administrative Code (F.A.	-	_	<u>:_/</u>	
NO, complete the following:				
1. Term or condition of the general permit t	hat has not been in con	tinuous compliar	nce during the report	ing period stated above:
xact period of non-compliance: from		· .	to	
ction(s) taken to achieve compliance:	·			
4ethod used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·	
2. Term or condition of the general permit t	hat has not been in con	tinuous compliai	nce during the report	ing period stated above:
	•			
exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		:	_	· <u></u>
Aethod used to demonstrate compliance:				
s the responsible official, I hereby certify, be n this notification are true, accurate and con nurchase receipts, does not exceed 2,100 gall ombination facilities.	pplete. Further, my an ons per year for dry-to	nual consumption	n of perchloroethyle	ne solvent, based upon
RESPONSIBLE OFFICIAL: Jo N (e (Please Print)	==	Signature)	Date 6-19-00

*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.

PERCHL

CO

OROETHYLENE DRY CLEANERS	
TITLE V GENERAL PERMIT	
MPLIANCE INSPECTION CHECKLIST	
	V

TYPE	OF	INSPEC	CTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: 0950310 DATE: 6-19	-00 time in: 0845 time out: 0910
FACILITY NAME: Florida Cent	er Cleaner
FACILITY LOCATION: 5685 Vine	
	FL 32819
RESPONSIBLE OFFICIAL: Jong Y.	Lee PHONE: 407-351-4616 7
CONTACT NAME:	PHONE: Francisco Phone:
MUN 6-19-00 in A.M.	
PART I: NOTIFICATION	Source C
(check appropriate box)	tup ces
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	mit Q
DADT II. CLASSIFICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A. /	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (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, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classification	
facility qualified for a ger facility exceeds above lim	neral permit as number above tits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 78 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) MY, ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ☑N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY ON 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DYN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MD ON		
2. Has the facility maintained a leak log?	·		MY ON		
3. Does the responsible official check the f	ollowing areas for leaks?				
Hose connections, fittings,	FRY FRY FRY	Maril 1.	Dy Dy Dy		
couplings, and valves	MY ON ON/A	Muck cookers	☑Y □N □N/A		
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and scating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	MY MN ON/A	Cartridge filter housings	MY 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)	Ġ		
Physical detection (airflow felt thro	ough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation	ū				
Halogen leak detector					
If using direct-reading instru	©N/A				
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
b. Calibrated against a sta	undard gas prior to and at	ter each use			
(PID/FID only)?			N		
c. Inspected for leaks and		-	OY ON		
d. Kept in a clean and sec			CIY CIN		
e. Verified for accuracy b	y use of duplicate sampl	es (calorimetric only)?	DY DN		
Ilka Bundy 6-19-00					
Inspector's Name (Please Print					
Mla Runal		6-19-01			
Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:

6-12-00 @ 0947 Mr. Lee is out of Country whole week.

I said I would be back on Monday in morning.

Left my card of lady.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302836

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 17 98

Do NOT Remove Label

AIRS ID#0950310

JONG Y LEE JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260776

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 18 98

Do NOT Remove Label

AIRS ID# 0950310

FLORIDA CENTER CLEANER JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360617

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 # 0950310

FLORIDA CENTER CLEANER

JONG Y LEE

5685 VINELAND ROAD

ORLANDO FL 32819

LEB 12 8

FOR GOVERNMENT USE ONLY

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

13034 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950310

FLORIDA CENTER CLEANER JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950310

FLORIDA CENTER CLEANER JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819

FOR GOVERNMENT SE Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	P 265 3	02	376	
•	US Postal Service Receipt for Cer	tifie	ed Mail	
	AIR JONG Y LEE JONG Y LEE 5685 VINELAND ROAI ORLANDO FL 32819		: 0950310	
	Postage	\$		
	Certified Fee			1
	Special Delivery Fee			
10	Restricted Delivery Fee			1
1996	Return Receipt Showing to Whom & Date Delivered			1
April	Return Receipt Showing to Whom, Date, & Addressee's Address	-		- {
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date 2/17/9	7		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write *Return Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Addre 2. Restricted Delivery	t Sen
N ADDRESS completed	3. Article Addressed to: AIRS ID#: 0950310 JONG Y LEE JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819	4b. Service ☐ ☐ Registere ☐ Express I	5 302 3/6 Type ed □ Certi Mail □ Insur ceipt for Merchandise □ COD	per pelli
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Manual Manu	8. Addressee and fee is	Address (Only if requeste paid) Domestic Return Reco	Thank

	Z 333	P13 00P	
	US Postal Service Receipt for Ce	ertified Mail	
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	Postage	\$	1
	Certified Fee		7
	Special Delivery Fee		┑
2	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		7
, Apri	Return Receipt Showing to Whom Date, & Addressee's Address	,	
<u> </u>	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the card to you. Attach this form to the front of the majormit. Write 'Return Receipt Requested' on The Return Receipt will show to who delivered.	reverse of this form so that we allpiece, or on the back if space the mailpiece below the artic	ce does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	 Receipt Service
JONG Y LEE JONG Y LEE JONG Y LEE 5685 VINELAND ROAD ORLANDO FL 32819	AIRS ID 0950310	4a. Article Number Z 333 (c/3 0) 4b. Service Type ☐ Registered		 vou for using Return
5. Received By: (Print Name) 6. Signature: (Addressee br Age	pat)	8. Addresse and fee is	e's Address (Only if requested paid)	Thank

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•	° Z 333 £	PO 353	1999	
	US Postal Service Receipt for Cer No Insurance Coverage			
JO 56	ORIDA CENTER CLI NG Y LEE 85 VINELAND ROAD RLANDO FL 32819		950310	
	Postage	 \$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
, April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

over top of envelope to	Loid at line
■ 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 opermit. ■ Write *Return Receipt Requested* on the mailpiece below the article return Receipt will show to whom the article was delivered and the state of the sta	also wish to receive the following services (for an extra fee): 1. Addressee's Address number. 2. Restricted Delivery
AIRS ID # 0950310 AIRS ID # 09	4a. Article Number 2 333 660 323 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Rull While	3. Addressee's Address (Only if requested and fee is paid)
PS Form 3811 , December 1994 10258	95-97-B-0179 Domestic Return Receipt

	Z 333 L US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	tified Mail Provided. anal Mail (See reverse) AIRS ID # 0950310)
_	LORIDA CENTER CL ONG Y LEE	EANER	
1	685 VINELAND ROA	D	
	RLANDO FL 32819		
	•	<u> </u>	
	Certified Fee		
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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		

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: AIRS ID # 0950310 FLORIDA CENTER CLEANER JONG Y LEE	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
5685 VINELAND ROAD ORLANDO FL 32819	3. Service Type		
OKE/11/DOTE 32819	Certified Mail		
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label)	MARINE WALL		
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789		

US Postal Service Receipt for Certified Mail AIRS ID # 0950310001AG 10 JONG Y LEE FLORIDA CENTER CLEANER 5685 VINELAND ROAD ORLANDO FL 32819 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Postmark or Date \$ TOTAL Postage & Fees

Z 210 662 995

-	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
020	Article Sent To:	2 995	(DC)		
1527	Postage Certified Fee	\$			
0021	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
0600	Total Postage & Fees	\$			
7000 OF	Street, Apt. No. o PO Bo	y) (to be completed by mail	er)		
	PS Form 3800, July 1999		See Reverse 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signiture X			
Article Addressed to:	D. Is dall very address different from item 1? Li Yes If YES, enter delivery address below: D No			
10 AIRS ID # 0950310001AG				
LORIDA CENTER CLEANER				
6685 VINELAND ROAD	·			
ORLANDO FL 32819	3. Service Type			
	Certified Mail			
	 ✓ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 			
2010/667 995	4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Copy from service label) 2. OCO 0600 0621 652 7 0208				
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