

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Kai-man Yau Prime Time Cleaners 2504 Semore Boulevard Orlando, Florida 32822

Re: Facility I.D. No. 0950320

Dear Mr. Yau:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January 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/jw

4

cc: Mr. Louis Nichols, Central District

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

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	12	COMPLAINT/DISCO	OVERY	
AIRS ID#: _0950370	_				
FACILITY NAME:	Prime Time	Clean	e.V5		
FACILITY LOCATION:	2504 S	. Semoi	ran Blud		
	orlando	FL	32822		
PART I: NOTIFICATION			TABLE TO STREET AND		
(check appropriate box)	ar ar ann ann an 180 ann a' chaine an air an 190 an 190 ann an 190 a				
 Existing facility notified D 	ARM by 9/1/96				Q
2. New facility notified DAR	• •	•			
3. Facility failed to notify DA	RM to use general peri	mit			
PART II: CLASSIFICATION	ON		The second secon	To the second	
Facility indicated on notificated (check appropriate box)	ation form that it is:				
	•				
A. 1. Existing small area so		2. New small		, u	
dry-to-dry only, x<140 ga transfer only, x<200 gal/y	÷	transfer only,	y, x<140 gal/yr x<200 gal/yr	. `	
both types, x<140 gal/yr		both types, x<	140 gal/yr n or after 12/9/91)		
(constructed before 12/9/9	(1)	(constructed o	11 01 anei 12/9/91)		
3. Existing large area so dry-to-dry only, 140 <x<2.< td=""><td></td><td>4. New large</td><td>area source y, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2.<>		4. New large	area source y, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,80< td=""><td>00 gal/yr</td><td>transfer only,</td><td>200<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,80<>	00 gal/yr	transfer only,	200 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 (constructed="" 12="" 9="" 9<="" before="" td=""><td>~ .</td><td></td><td>0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></td><td></td><td>,</td></x<1,800>	~ .		0 <x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800>		,
This is a correct facility clas	sification	DY DN			٠,١
If no, please check the appre	opriate classification;				
	alified for a general per ceeds above limits and i				
B. The total quantity of per		urchased within	the preceding 12 mont	hs by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 ONIA 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

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser on a weekly basis?

condenser exceeded 45° F?

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?	נטץ נטא
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אן אם צם
Is the temperature differential equal to or greater than 20° F?	ע אם צם ₽
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
ls 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?	אע אט צם/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מאס מם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY MY
2. Maintained rolling monthly averages of pere consumption?	DY DY
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN
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
,	
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
	DY DN WA
4. Maintained calibration data? (for direct reading instruments only)	DY ON N/A
4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN N/A
4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY ON NA
 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? 	DY DN N/A
 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? 	DY ON NA
 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 	DY ON NA

2. Which method of detection is used by the	e respons	ible official?		/
Visual examination (condensed sol	vent on c	exterior surface	es)	13
Physical detection (airflow felt thre	ough gasl	(cts)	•	zí,
Odor (noticeable pere odor)				a
Use of direct-reading instrumentat	ion (FJD/	PID/calorimet	ric tubes)	
If using direct-reading instrumer	ıtation, i	s the equipme	ent:	
a. Capable of detecting pe	ere vapor	concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a st (PID/FID only)?	andard g	as prior to and	after each use	OY ON
c. Inspected for leaks and	l obvious	signs of wear	on a weekly basis?	UY UN
d. Kept in a clean and se	cure area	when not in u	se?	אם אם
e. Verifi c d for accuracy t	y use of	duplicate samp	oles (calorimetric only)?	אם גם
3. Has the facility maintained a leak log?				□Y OM
4. Does the responsible official check the f	ollowing	areas for leaks	s?	
Hose connections, fittings, couplings, and valves	ĽΥ		Muck cookers	DY DN
Door gaskets and scating	TY,		Stills	IZY ON
Filter gaskets and scating	Lary .	رز المراجعة	Exhaust dampers	DY ON
Pumps	ŪΥ	מאט	Diverter valves	MC ON
Solvent tanks and containers	ĽY,		Cartridge filter housings	DAY ON
Water separators	ďΥ	שאט		
Kal-Man Yau Name of Responsible Official				
Todd Fletcher			12/4/9	76
Inspector's Name (Please Pri	nt)		Date of Insp	ection
ded Whilete	ىـــ		6/4/	97
Inspector's Signature			Approximate Date of	Next Inspection

Best Available Copy

TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	ARMS 1-17-01/19 INSI	
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY		
RE-INSPECTIO	N C VIEW CONTRACTOR NO.		
AIRS ID#: 0950320 DATE: 1-17-	J. 2	1420 M	
FACILITY NAME: Prime Time	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
FACILITY LOCATION: 2504 Sout		<u> </u>	
Orlando, 7	FL 32822		٠
responsible official: Kai - Mar	1 Yau PHONE: 407-658	- 0495	
	PHONE:		
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		
(check appropriate box)		· ·	
1. New facility notified DARM 30 days prior to sta	rtup	ت ا	
2. Facility failed to notify DARM to use general pe	mit		
PART II: GLASSIFICATION		-	
Facility indicated on notification form that it is:	☐ No notification form	metroleum 500	
(check appropriate box) A.	2 Drop store out of business p	petroleum Add 1/	
1. Existing small area source	2. New small area source	Notes	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$	1,00	
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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)	SE O PARELS	4.
5. This is a correct facility classification	□Y □N □Can not determine	DEGINE	
If no, please check the appropriate classific	ation:	JAN 2 2 2001)
a facility qualified for a gen	neral permit as number above		٠
facility exceeds above lin	nits and is not eligible for a general permit	ORANGE CO: YTY ENVIRONMENTAL PROT: XTION DIVISION	
B. The total quantity of perchloroethylene (perc) pu	rchased within the preceding 12 mouths by this dr	y cleaning	

facility was

gallons.

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

B	. Has the responsible official of an existing large or new large area source also:	
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
	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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	·			
1. Maintained receipts for pere purchased?	OY ON			
2. Maintained rolling monthly total of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)				
5. Maintained exhaust duct monitoring data on perc concentrations?				
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?	OY 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?	•		DY DN	
2. Has the facility maintained a leak log?		•	OY ON	
3. Does the responsible official check the	following areas for leaks	5?		
Hose connections, fittings,				
couplings, and valves	OY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and scating	OY ON ON/A	Stills	OY ON ON/A	
Filter gaskets and scating	OY ON ON/A	Exhaust dampers	QY QN QN/A	
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water separators	OY ON ON/A		٠.	
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed so	olvent on exterior surfac	es)	۵	
Physical detection (airflow felt th	rough gaskets)		۵	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			Q	
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y · □M	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	מם עם עם	
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and se	cure area when not in u	se?	OY ON "	
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON	
·				
•				
Ilka Bundy		1-17-0/		
Inspector's Name (Please Prin	t)	Date of Inspection		
Alha Bunch		None		
Inspector's Signature		Approximate Date of	Next Inspection	

Facility out of business.
No new owner or cleaner present at this address. (Nuestra Tienda De Telefonos).

Copy of Letter received from Tallahasse! (1-12-01) Owner surrendered permit. (June 30, 2000),



Department of Environmental Protection

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

David B. Struhs Secretary

January 9, 2001

Mr. Kai-Man Yau 13C The Hamlet Enfield, Connecticut 06082

Dear Mr. Yau:

Thank you for your note informing the Division of Air Resource Management that your facility Prime Time Cleaners was closed in June of last year. We received your note on January 5 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Prime Time (AIRS ID #0950320) was in operation in 1999, the fee is due.

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

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures

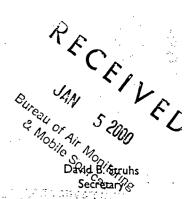
cc: Ilka Bundy, Orange County



Governor

Department of Environmental Protection

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



TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950320

PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: Afa

Fund: 20-2-035001 Obj.: 002273

To Department of Environmental Protection,
(State of Florida), Our business name is Prime -Jume Cleaners (Airs ID # 0950320) On June 30, 2000, our husiness has been closed. It will never be opened again, because we moved to Connecticut. I hank your notice, but our dry cleaners has been closed. Merry Christman and have a hoppy new year, Thouk your for your help.

12-26-00 To Department of Environmental Protection, (State of Florida), Our business name is Prime -Jume Cleaners (Airs ID # 0950320), On June 30, 2000, our business has been closed. It will never be to Connecticet. I hank your notice, but our dry cleaners has been closed Merry Christman and have a hoppy new year, Thouk your for your help.

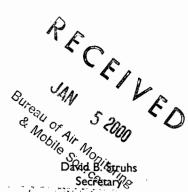
Surerely, flinkafun Kai-Man Yau



Governor

Department of **Environmental Protection**

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



TO: Holder of Title V Air General Permit

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For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950320 PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: Afd

Fund: 20-2-035001 Obj.: 002273

70

Kai-Man Yau 13C The Hamlet Enfield, CT. 06082.



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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	□ □∕	COMPLAINT/DISCO	VERY	
RESPONSIBLE OFFICIAL:	re Time 504 S. Orlando Kai Man	Clean Semov Fl. 3 Yau	er an Blud. 32822	<u> 58-c</u>	D495
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM	-				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	☐ 2. dr tr bo	. New small ar ry-to-dry only, x ransfer only, x < oth types, x < 14 constructed on o	c < 140 gal/yr : 200 gal/yr 40 gal/yr		oleum
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 poth types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class 	0 gal/yr di gal/yr tr /yr bi	ransfer only, 200	$140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$		
	qualified for a gener	ral permit as nui	mber above		

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? □N □N/A 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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) MY 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 ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/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?

,		
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?	אם צ'ש
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DINJA
	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? Is the perc concentration equal to or less than 100 ppm?	
	· · · · · · · · · · · · · · · · · · ·	OF ON GNA
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?	DY ON ØN/A
ESAK.		
P	ART V: RECORDKEEPING REQUIREMENTS	
ı	as the responsible official: theck appropriate boxes)	

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY DN		
2.	Has the facility maintained a leak log?	,		DY ON		
3.	Does the responsible official check the	following areas for leak:	5?			
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	ON ON/A		
	Door gaskets and seating	אואם אם אם	Stills	OY ON ON/A		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY DN DN/A		
	Pumps	DY ON ON/A	Diverter valves	מא מא מאיש		
l	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by	the responsible official?		/		
	Visual examination (condensed	solvent on exterior surfac	cs)	C2 [/]		
	Physical detection (airflow felt the	hrough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	lation (FID/PID/calorime	tric tubes)			
	Halogen leak detector			رت		
	If using direct-reading inst	rumentation, is the equi	pment:	ZN/A		
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	UY UN		
	d. Kept in a clean and	secure area when not in	use?	OY ON		
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON		
12000						
_	Inspector's Name (Please P	Che∨	12\b	ection		
	Add For		,7 \11	198		
	Inspector's Signature	1CL	Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:	
·	
• •	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 0900 TIME OUT: 0	930 AIRS ID#: 0950320
FACILITY NAME: Prime Time Clear FACILITY LOCATION: 2504 S. Semo	van Blud.
RESPONSIBLE OFFICIAL: Kai Man Yau	PHONE NUMBER: 407-658 - 6495
Based on the results of the compliance requirements evaluate 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
COMMENTS:	
Facility in C	compliane
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: TODD	oproximate) Fletchev
INSPECTOR'S SIGNATURE:	lease Print) PHONE NUMBER: 936-9524

#0950320
BEST AVAILABLE COPY

Prime - Time Cleaners RECEIVED

		— spoke W/Kai-Man Yau— 9/30/96	DEC 1 2 1996
1.	Facilit	Spoke My Kut - Man gau	Bureau of Air Monitoring
	priv	9/30 /46	Mobile Sources
2.	Site N	P.13 6 add title-Owner	
3.	Hazar		
		P.14 1.(a) add date machine initia purchased - 1985, add ob	1111-28-
4.	Facilit	Durchased - 1985, add ob	te_
	Street	control device installed	1
	City:		22
,5.,	Facili	3. Should be existing large	
		area Source	
		D.15 4 should be existing large	
		area Source W/ Control	
ie.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
6.	Name	equipment	1
	KA	5.(d) if refrig. con. installe	<i>3</i>
7.	Respo	not required, mark out	/
	Organ Street		
	City:	"V" and initial	;2f22
		12 3 1 3 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	, 20 20
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		MILETALD ST.	Name - No. of the Control of the Con
0	Nome	ILCO STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	nam value state to a fig.
9.	Name a	nd Title of Facility Contact (For example, plant manager):	
10.	Facility	Contact Address:	
	Ctrack A	.ddress:	
	City:		
	-	•	
11:		Contact Telephone Number:	
	Telepho	one: () - Fax: () -	
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Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	PRIME - Time cleanerss KAI-MAN DEN YAU
2.	Site Name (For example, plant name or number):
	prime Time cleaners
3.	Hazardous Waste Generator Identification Number:
	Hazardous Waste Generator Identification Number: TPA ID NO. TPA ID NO. TPA MCT. GAD PB 12680 95
4.	Facility Location: Street Address:
	City: 2504 Ssonora, RIV County: orlardo 7L. Zip Code: > 2 f 22
	one of something of the
5.	Facility Identification Number (DEP Use):
	0950320
insecon	
	Responsible Official
6.	Name and Title of Responsible Official:
	KAI-MAN YAU OWER. (LM.)
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 2 (a.k. Sequence RIM)
	Organization/Firm: Street Address: 2504 Semon. BNd City: County: nlado IL, Zip Code: 32822
8.	
	Telephone: (407) 6(4049) Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
J. 	Name and Thie of Facility Contact (For example, plant manager).
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
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	RECEIVED

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Bureau of Air Monitoring & Matrile 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.

VALORZ		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93		08-DEC-91		#3	<u> </u>	02-MAR-92
Dry-to-Dry Unit		-4LORE	K.MI	(.1/.	NOV	4			
(1) w/ ref. condenser					1985	NOV 4	1	1.1	
(2) w/ carbon adsorber	V	$\times \kappa$	W/ /\		1860	1885	1.11	' <i>X</i> .	
(3) w/ no controls					KMY				
Washer Unit	1//	Z \							
(4) w/ ref. condenser	1								
(5) w/ carbon adsorber									
(6) w/ no controls	 		1						
Dryer Unit	N/		<u>.</u>						
(7) w/ ref. condenser	-//	<u>, </u>		<u> </u>					
(8) w/ carbon adsorber	<u> </u>	 	 			1			
(9) w/ no controls			 		-				
Reclaimer Unit	1/2		<u> </u>		- -	<u>.</u>		1	
(10) w/ref. condenser	1//7						_	1	
(11) w/carbon adsorber	┼		 	+	i		· 	 	1
(12) w/ no controls	ļ		<u> </u>	_		 	-		
(b) Control devices are (c) No control devices 2.(a) What was the total (are re quanti gallo	equired to be ity of perchl	e installed [_	(perc)	Á	·			
Check why it is less	ths, ho	ow many? [2 12 months:	New owner:	` [_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?	
Existing small ar	ea so	wee to	< N∈	ew sn	nall area sour	rce []		
Existing large ar	ea soi	irca Zirj	Ne	ew lai	ge area sour	ce []		
		,	Muj.			`			

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	Km/
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) is boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	`	
Equipment Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		W
(c) Refrigerated condenser temperature monitoring		4
(d) Carbon adsurber exhaust perc concentration mon	ito ring	LA km.y
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
كل	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
l	prime Time cleaners
3.	Hazardous Waste Generator Identification Number: TPA ID NO
	Hazardous Waste Generator Identification Number: The MCT. GAD PA12670 95
4.	Facility Location:
	Street Address: City: 2504 Ssonora, RIV County: orlarde The Zip Code: \2 f 22
5.	Facility Identification Number (DEP Use):
	0950320
	Responsible Official
©	Name and Title of Responsible Official: KAI-MAW YAU
7.	
	Organization/Firm:
	Street Address: 2504 Semon. BMC City: County: orlando The Zip Code: 32822
8.	Responsible Official Telephone Number:
	Telephone: (407) 6(4 0495 Fax: () -
	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: () -

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Bureau of Air Monitoring & Mobile Sources

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	Prime - Time Cleaners
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	-spoke W/Kai-Man Yau- 9/30/96
	4/30/90
$\mathcal{D}./3$	6. add title-Owner
,	·
D. 14	1. (a) add date machine initially
7-1-1	purchased - 1985, add date
-	control device installed
	2 Olavido assistante
	3. Should be existing large
	area Source
D.15	4 should be existing large
,	area Source W/ Control
Ì	Pallment
i	5.(d) if refrig con installed, not required, mark out
-	not nearlined mank out
	11.// and 5 F
1	"V" and initial

Facility Information

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.

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 Dry-to-Dry Unit (1) w' ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w' ref. condenser (6) w/ no controls Dryer Unit (7) w' ref. condenser (9) w/ no controls Reclaimer Unit (10) w' ref. condenser (11) w/ carbon adsorber (12) w/ no controls (8) w/ carbon adsorber (12) w/ no controls Reclaimer Unit (12) w/ no controls (a) 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 (b) If less than 12 months, how many? Imonths Check why it is less than 12 months. New owner: New owner: Did not keep records: Did not keep records:	VALORZ-	ID	Date Machine Initially	Date Control Device	ID	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially Purchased	Date Control Device Installed
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ ref. condenser (19) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. condenser	Type of Machine] ID	Purchased	Installed	1		mstaneu	ID		
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (d) w/ at was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [12] w/ no controls (b) If less than 12 months, how many?	Example	#]	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 A (c) No control devices are required to be installed A 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	<u> </u>		MLORE		1	n en de la companya d	a la e			
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Oryer 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 (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(1) w/ ref. condenser	V	<u> </u>							
Washer Unit (4) w/ref. condenser (5) w/ carbon adsorber (6) w/ no controls Oryer 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 (c) No control devices are required to be installed (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [` '	V	1							
(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 (c) No control devices are required to be installed (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? months	(3) w/ no controls									
(5) w/ carbon adsorber (6) w/ no controls Oryer 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 (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? months	Washer Unit	N	A	en e				٠.		
(6) w/ no controls Oryer 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 (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? [A] months	(4) w/ ref. condenser									
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 [A] REF. Yes, have control devices are required to be installed [A] (c) No control devices are required to be installed [A] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [(5) w/ carbon adsorber									
(c) No control devices are required, but not yet installed [M] (a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	(6) w/ no controls									
(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 [Ma] REF: Yes, have confrol devices are required to be installed [Ma] (b) If less than 12 months, how many? [Ma] months	Dryer Unit	NI				Control of the second			egile erekja.	
(e) 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 [MA] REF: VeS, have control devices are required to be installed [MA] (c) No control devices are required to be installed [MA] (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [MA] REF: VeS, have control devices are required to be installed [MA] (b) If less than 12 months, how many? [MA] months	(7) w/ ref. condenser									
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(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? (b) If less than 12 months, how many? [10] months [11] months [12] months [12] months [13] months	(9) w/ no controls	١								
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [MA] REF: YeS, have confrol devices are required to be installed [MA] (c) No control devices are required to be installed [MA] (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [MA] months (b) If less than 12 months, how many? [MA] months	Reclaimer Unit	1//	1	San Res	- 1			•		
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(b) Control devices are required, but not yet installed [MA] REF: Yes, have control decontrol devices are required to be installed [MA] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [MBF: Yes, have control decontrol decontr	(11) w/carbon adsorber									
(b) Control devices are required, but not yet installed [MA] REF. Yes, have control decontrol devices are required to be installed [MA] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [Ma] REF. Yes, have control decontrol dec	(12) w/ no controls									
	(c) No control devices 2.(a) What was the total of [are requant	equired to be ity of perchlons ow many?	oroethylene (perc)	purchased in	the latest 12	2 mor	nths?	
	CV-		urce [1		, vv . 511.	all area sour	ce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

VALORZ

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
كن	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.
compiy w	un an terms and conditions of this general permit as set form in I art II of this notification form.

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Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1030 TIME OUT:	AIRS ID#: OGO 3 ZO	
FACILITY NAME: Prime Time Clear FACILITY LOCATION: 2504 S Semorar Ovlando Fl	Blud	
RESPONSIBLE OFFICIAL: KG1-MGN YGY		
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED		
beed PCE "perc" purchase log	SIX Month reinspeation	
Need container inspection log	11	
Need to record and los condeser temperature once aweek equal toodess than 45°	n .	
Manufacturer's manual on-site		
Need to maintain leak checkist weekly / Correction form if		
COMMENTS:		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) Todd Fletcher		
INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: (407) 836-9524		

Page_

Revised 10/96

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Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TYPE OF FACILITY: TYPE OF FACI	AIRS ID#: 0960320
FACILITY LOCATION: 2504 S Dem	Leaners DATE: 12/4/96 Over Blud 32822
RESPONSIBLE OFFICIAL: Kan-Man Yau	PHONE NUMBER: (407)
compliance with DEP Rule 62-213.300, Florida Adı	s evaluated during this inspection, the following compliance
beed PCE "perc" purchase log	SIX Month reinspection
Need container inspection log	11 11
Need to record and los Condeser temperature once aweek Need Need	
Manufacturers manual on-site	
Need to maintain leak checking weekly / Correction form if necessary	
COMMENTS:	
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY:	(Approximate) Todd Fletcher
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 836-9524

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION	
TIME IN: 0900 TIME OUT: 10	15 AIRS ID#: 0900320	
TYPE OF FACILITY: DVY Cleaner		
	lequers DATE: 6/4/97	
l .	semovan Blud	
Ovlando F		
RESPONSIBLE OFFICIAL: Kai Man Yau	PHONE NUMBER: 658-0495	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).		
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
No Perc Receipts on site		
No leak Detection Log		
No corrective Action Log		
No Condenser Temp Log- 45°For Below		
Hazardous Containers Not Sealed		
COMMENTS:		
	·	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: 12/4/97		
(Approximate)		
INSPECTION CONDUCTED BY: [DD]	Fletcher	
INSPECTOR'S SIGNATURE:	Phone Number: 836 9524	

Page of.

Revised 10/96

Orange County Environmental Protection Department

PERCILLOROFTHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TIPE OF HASTECTION:	RE-IMSPECTION	W COMPLAINT/DISCO	VERY (.1
	~	TIME IN: 0900 TIME	our: 1015
		Cleaners	
FACILITY LOCATION:	2504 5.	Semovan Blud	
	Orlando	F1 32827	
PARTI: NOTHICATION			
(check appropriate box)			
1. Existing facility notified DA	IRM by 9/1/96		(2)
2. New facility notified DARM	1 30 days prior to start	щ	CI
3. Pacility failed to notify DAI	RM to use general peri	nit	u
7.			
PART II: CLASSIFIÇATIO	N		
Facility indicated on notifica (check appropriate box)	tion form that it is:		
A. 1. Existing small area soudry-to-dry only, x<140 galatransfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9	/yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	: :
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>-100 gal/yr 0 gal/yr gal/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>CI</td></x<2,></td></x<2,>	-100 gal/yr 0 gal/yr gal/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>CI</td></x<2,>	CI
This is a correct facility clas	sification	מא טא	
If no, please check the appro	opriate classification:		
☐ facility qua	dified for a general pe seeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of per-	chloroethylene (perc) p	purchased within the preceding 12 mon	ths by this dry cleaning

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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?	LIY MN
2. Examining the containers for leakage?	MY UN
3. Closing and securing machine doors except during loading/unloading?	CAY LIN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	UY UN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	UY LIN WN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	
If classification 2 has been checked, the machine should be equipped with a refri (complete Λ below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DAY CIN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	איאום אם אה
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	CAY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	UY UN

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

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33	Has the recognitible official of an emisting the same of the same			
,υ,	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	네니	בו/נג
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CJY	ИП	N/A
	Is the temperature differential equal to or greater than 20° 17	ÜΥ	UИ	N/A 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?	UУ	UIN	UN/A
	Is the pere concentration equal to or less than 100 ppm?	UY	ПИ	NA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ШY	UN	N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜY /	UN	ÜN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΕΊΑ ^γ	NLJ	אאנט

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate box ds)	,
1. Maintained receipts for pere purchased?	LIY LAN
2. Maintained rolling monthly averages of perc consumption?	GY UN
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs7 or;	UV (N)
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	UY LAN
4. Maintained calibration data? (for direct reading instruments only)	CIA CIPI NIPIVY
5. Maintained exhaust duct monitoring data on perc concentrations?	עץ עוא אוא
6. Maintained startup/shutdown/malfunction plan?	MA DH
7. Maintained deviation reports?	מז תא
Problem corrected?	LIY LAN
8. Maintained compliance plan, if applicable?	בוא הא קאיע

PART VI: LEAK DETECTION AND REPAIRS		
The state of the s	Y UN	.=:,7
1. Does the responsible official conduct a weekly leak detection and repair		

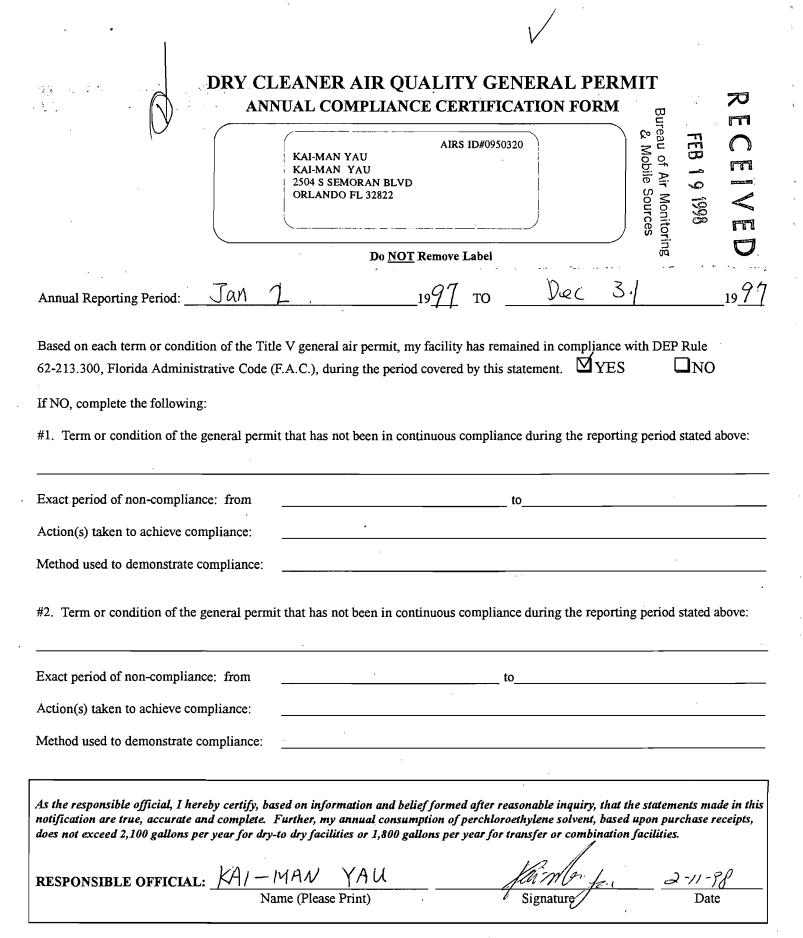
2.	Which method of detection is used by the	C respons	ible offici	a17		
	Visual examination (condensed sol				CI,	
	Physical detection (airflow felt three				(1)	
	Odor (noticeable perc odor)	G G	,		<u></u>	
	Use of direct-reading instrumentati	ion (FH2/	PHD/calor	imetric (ubes)	CI	
	If using direct-reading instrumer	`		,		
		•		•	CIY CI	И
	b. Calibrated against a st			•	4. X	
	(PID/FID only)?	anuaru g	аа рики ()		uy u	N
	c. Inspected for leaks and	Lobvious	signs of v	vear on a weekly basis?	DY D	И
	d. Kept in a clean and se	ente atea	when no	t in use7	CIY UN	
	e. Verified for accuracy t	oy use of	duplicate	samples (calorimetric only)?	CIY LIN,	
 3.	Has the facility maintained a leak log?		·		CIY C	M
1	Does the responsible official check the f	ollowing	areas for	leaks?		
	Hose connections, fittings,	,	, , , , , , , , , , , , , , , , , , , ,		/	
	couplings, and valves	EXY	CIN	Muck cookers	UY	ON
	Dana analoga and spating	ĽΎΥ	ОΝ	Stills	EYY	ПИ
	Door gaskets and seating	/	ON	oms	/	
	Filter gaskets and seating	ДÄ.	DM	Exhanst dampers	C(Y	CIM
	Pumps	σy	DИ	Diverter valves	MY	CIN
	Solvent tanks and containers	ray A	ПN	Cartridge filter housings	ĘΥ	ПN
	Water separators	БY	ИΩ			

Kai Man Yau	
Name of Responsible Official	
Todd Fletcher	
Inspector's Name (Please Print)	
Inspector's Signature	

Date of Inspection

2 4 97

Approximate Date of Next Inspection



^{*}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.

PERCIILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	COMPLAINT/DISCOVERY	_
	1 1	TIME IN: 0830 TIME OUT:	0850
FACILITY NAME: Pr	,		<u></u>
FACILITY LOCATION:	2504 S. Sem	ioran Blvd.	
· (Orlando, FL	32822	
RESPONSIBLE OFFICIAL	.: <u>Kai Man Yau</u>	PHONE: 407-658-0	495
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·	PHONE:	
PART I: NOTIFICATION		RECEIVED	
(check appropriate box)		DEC 2 8 1998	
New facility notified DAR Facility failed to notify DA		Bureau of Air Monitoring	ם ט
DADE IL CLACCICIO ACCI			
PART II: CLASSIFICATION			
Facility indicated on notific (check appropriate box)		☐ No notification form ☐ Drop store/out of business/p	ctroleum
Facility indicated on notific	ation form that it is: Durce	Drop store/out of business/p New small area source y-to-dry only, x < 140 gal/yr unsfer only, x < 200 gal/yr oth types, x < 140 gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 140 gal/yr	ation form that it is: Durce □ 2. Sal/yr dr /yr tra bo 01) (co ource □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tra 00 gal/yr bo	Drop store/out of business/p New small area source y-to-dry only, x < 140 gal/yr unsfer only, x < 200 gal/yr oth types, x < 140 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/2) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: burce □ 2. gal/yr dr /yr tra bo 01) (cc 01) (cc 02 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tra 00 gal/yr bc 91) (cc	Drop store/out of business/p New small area source y-to-dry only, $x < 140$ gal/yr onsfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr onstructed on or after $12/9/91$) New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/5) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/5) 5. This is a correct facility only, please check	ation form that it is: ource	Drop store/out of business/p New small area source y-to-dry only, $x < 140$ gal/yr unsfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr onstructed on or after $12/9/91$) New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$) TY Drop store/out of business/p	

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	EY UN ON/A
2. Examining the containers for leakage?	מאל מא מאלע
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מא מא מא איט
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מא או או או
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete ${\bf A}$ and ${\bf B}$ below).	erated 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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	בא'אם אח הא'א"
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	עארם אם איע
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מט צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	עלאם אם אט
6. Conducted all temperature monitoring after an appropriate cooldown period and after	

PART III: GENERAL CONTROL REQUIREMENTS

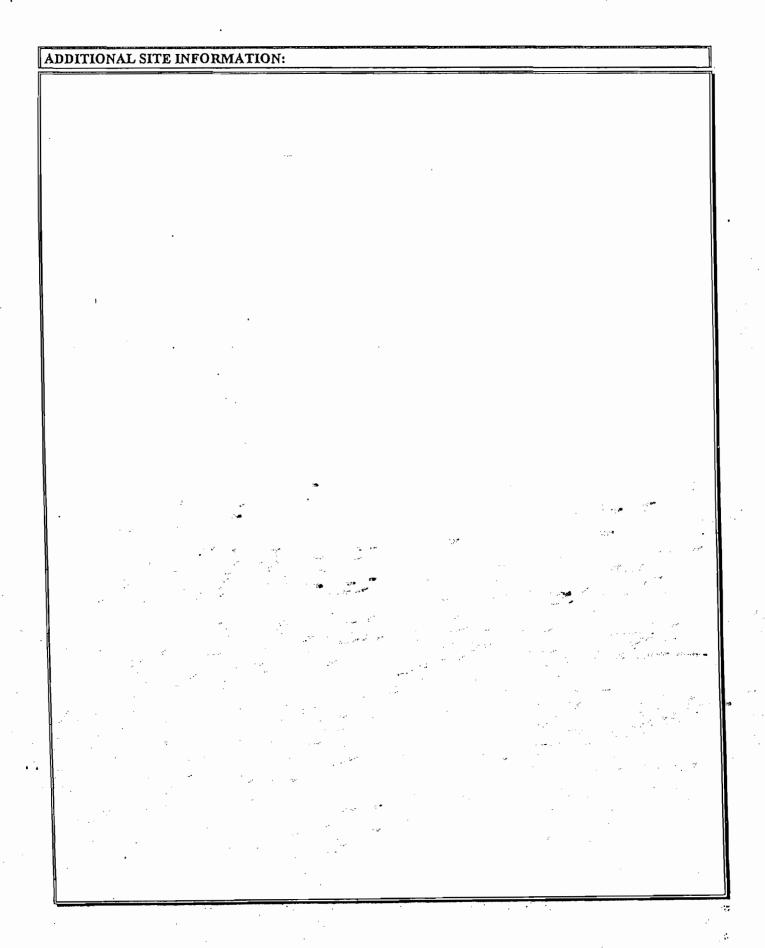
verifying that the coolant had been completely charged?

NO YO

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ.	ЦN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ŪΝ	א/אט
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	Пи	
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШN	מ/אם
4.	Assured that the sampling port on the earbon 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?	ΟΥ	DИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for pere purchased?	QA ON			
2. Maintained rolling monthly total of perc consumption?	מאל כוא			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אפ			
 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 ONA			
4. Maintained calibration data? (for applicable direct reading Instruments)	רט מוט אוט ארט ארט			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם			
6. Maintained startup/shutdown/malfunction plan?	CHÝ CIN			
7. Maintained deviation reports?	OY ON MN/A			
Problem corrected?	ראיאם אח אח			
8. Maintained compliance plan, if applicable?	OY ON DAYA			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			•	אט עש	
2.	Has the facility maintained a leak log?				ey on	
3.	Does the responsible official check the fe	ollowing a	reas for lea	ks?		
	Hose connections, fittings, couplings, and valves	EYY DN	C]N/A	Muck cookers	MY ON ON/A	
	Door gaskets and scating	DY ON	∆ואם	Stills	MY ON ON/Y	
	Filter gaskets and scating	DY DN		Exhaust dampers	מא טא טאעם	
	Pumps	אנו אנו	□N/V	Diverter valves	ELA CIN CINA	
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	MY ON ON/A	
	Water separators	EYY UN	CIN/A			
4.	Which method of detection is used by the	ie responsi	ble official	7		
	Visual examination (condensed so	lvent on e	xterior surf	aces)	œ .	
	Physical detection (airflow felt thr	ough gask	cts)			
	Odor (noticeable perc odor)			<u>.</u>		
	Use of direct-reading instrumental	tion (F1D/I	PID/calorin	netric tubes)	a	
	Halogen leak detector					
	If using direct-reading instra	nnientatio	n, is the ea	mipment:	CINIA ·	
	a. Capable of detecting p	erc vapor	concentrat	ions in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a s (PID/FID only)?	tandard ga	s prior to a	nd after each use	OY ON	
	c. Inspected for leaks an	d'abvious :	signs of we	ar on a weekly basis?	טיי טיי	
	d. Kept in a clean and so				מץ מא	
				mples (calorimetric only)?	DY DN	
	;••			,,,,	- 	
<u></u>						
	_* 3	٠-,		/ 0 /		
_	Ilka Bundi	-		12/8/98 Date of Inspe		
	Inspector's Name (Please Pri	nt)		Date of Inspe	ection	
	Ilka Bunda			12/8/9	9	
-	Inspector's Signature		· · ·	Approximate Date of		



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	NNUAL COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0830	TIME OUT: 0850	AIRS ID#: 0	950320
TYPE OF FACILITY: Dry C	leaner		
FACILITY NAME: Prime	Time Cleaner	<u></u>	DATE: 12/8/98
FACILITY LOCATION: 2504		Blvd	
Oclan			
RESPONSIBLE OFFICIAL: K		PHONE NUMBER:	407-658-0495
	ompliance requirements evaluate 62-213.300, Florida Administrati		lity is found to be in
Based on the results of the o	ompliance requirements evaluate	d during this inspection, the follo	owing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
		•	
		RECEI	VED
		DEC 2 8	1998
		Bureau of Air N	
		Bureau of Air in	~
,			
		• •	
COMMENTS:			
Facility is	n compliance	2	
The Annual Compliance Certification	n form has been properly certifie	d and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:_	12/8/92	3 99 roximate)	
INSPECTION CONDUCTED BY	Ilka Bun	CA /	
INSPECTOR'S SIGNATURE:	Mka Bund		836-9524
	Page	of <u>/</u> .	Revised 10/96

airs id#: 0750320	$\mathcal{A}^{\mathcal{U}}$		Revised 10/10/
DRY CLEA	NER AIR QUALITY GENERAL L COMPLIANCE CERTIFICATION	PERMIT FORM ORANGE CO	G 3 0 1984 UNTY ENVIRONME
D		PROTEC	TION DEPARTMENT
FACILITY NAME: Prime		DATE:	8-27-5
FACILITY LOCATION: 2504	S. Semoran Blud		
Orla	indo, FL 32.822		
Annual Reporting Period:	12/16 19 97 TO	12/8	19 90
22-213.300, Florida Administrative Code (le V general air permit, my facility has remained F.A.C.), during the period covered by this statem		P Rule NO
2-213.300, Florida Administrative Code (ent. WYES	I stated above:
(2-213.300, Florida Administrative Code (of NO, complete the following: 1. Term or condition of the general perm	F.A.C.), during the period covered by this statem	ring the reporting period	I Stated above:
52-213.300, Florida Administrative Code (f NO, complete the following: 1. Term or condition of the general perm Exact period of non-compliance: from	F.A.C.), during the period covered by this statem it that has not been in continuous compliance during the period covered by this statem	ring the reporting period RECE SEP 2	I stated above: VED 8 1999
52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem it that has not been in continuous compliance during the period covered by this statem	ring the reporting period RECE SEP 2 Bureau of A	I Stated above:
f NO, complete the following: 1. Term or condition of the general permeter period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	it that has not been in continuous compliance during the period covered by this statem to	ring the reporting period RECE SEP 2 Bureau of A & Mobile	d stated above: VED 8 1999 ir Monitoring a Sources
2-213.300, Florida Administrative Code (f NO, complete the following: 1. Term or condition of the general permetaction of the general permetaction of the general permetaction of the manufaction of the general permetaction and the general permetaction of	F.A.C.), during the period covered by this statem it that has not been in continuous compliance dur to	ring the reporting period RECE SEP 2 Bureau of A & Mobile ring the reporting period	d stated above: VED 8 1999 ir Monitoring a Sources d stated above:
2-213.300, Florida Administrative Code (FNO, complete the following: 1. Term or condition of the general permetact period of non-compliance: from action(s) taken to achieve compliance: fethod used to demonstrate compliance: 2. Term or condition of the general permetact period of non-compliance:	it that has not been in continuous compliance during the period covered by this statem to	ring the reporting period RECE SEP 2 Bureau of A 2 Mobile ring the reporting period	d stated above: VED 8 1999 ir Monitoring a Sources d stated above:
2-213.300, Florida Administrative Code (f NO, complete the following: 1. Term or condition of the general perm Exact period of non-compliance: from action(s) taken to achieve compliance: Method used to demonstrate compliance:	it that has not been in continuous compliance during the period covered by this statem to	ring the reporting period RECE SEP 2 Bureau of A 2 Mobile ring the reporting period	d stated above: VED 8 1999 ir Monitoring a Sources d stated above:

*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.

KAI – MAN YÁU Name (Please Print)

upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:

Page _____ of ____

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

			HECKUSI	TO	
TYPE OF INSPECTION:	ANNUAL	a	COMPLAINTEDISCO	OVER Y	
	RE-INSPECTION	a	areau.		
	·		Mop of	2 14	
airs id#: <u>0950320</u>	DATE: 12-13-9	9 TIME I	N: 1930 Sources	AUT: 4	500
FACILITY NAME: Prin			ourc	1999 F	7
41			torin) —
FACILITY LOCATION:	2504 South	Semo	ran Bludi		
	Orlando, F	L 328	22		
RESPONSIBLE OFFICIAL :				58-04	195
CONTACT NAME:			PHONE:		· .
PART I: NOTIFICATION					
(check appropriate box)		-			
New facility notified DARM	30 days prior to startur	,			D .
2. Facility failed to notify DAR		٠.			a ·
PART II: CLASSIFICATION	1				
PART II: CLASSIFICATION Facility indicated on notification			☐ No notification form	n	
Facility indicated on notification (check appropriate box)		· · · · · · · · · · · · · · · · · · ·	☐ No notification form ☐ Drop store/out of bu		oleum
Facility indicated on notification (check appropriate box) A.	on form that it is:	Now email a	☐ Drop store/out of bu	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour	on form that it is:	. New small a	☐ Drop store/out of bu		oleum
Facility indicated on notification (check appropriate box) A.	on form that it is:		Drop store/out of burea source x < 140 gal/yr	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce 2. yr di	ry-to-dry only, ansfer only, x oth types, $x < 1$	Drop store/out of but rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	on form that it is: ce 2. yr di	ry-to-dry only, ansfer only, x oth types, $x < 1$	Drop store/out of but rea source x < 140 gal/yr < 200 gal/yr	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce to 2. fyr di tr be	ry-to-dry only, ansfer only, x oth types, $x < 1$	Drop store/out of but rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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)	on form that it is: ce to 2. fyr di tr be (co	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on . New large at	Drop store/out of but rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,806	on form that it is: ce 2. yr dr be (ce 4. 100 gal/yr dr 0 gal/yr tr	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large arry-to-dry only, ansfer only, 20	The propostore of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	usiness/petro	oleum
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Facility indicated on notification (check appropriate box) A. 1. Existing small area sourdry-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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classical constructed before 12/9/91)	on form that it is: ce 2. yr di tr be (ce 4. 100 gal/yr dr 0 gal/yr tr gal/yr be (co	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on. New large arry-to-dry only, ansfer only, 20 oth types, 140 constructed on.	Prop store/out of but rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	usiness/petro	oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility classification.	on form that it is: ce 2. yr di tr be (ce 4. 100 gal/yr dr 0 gal/yr tr gal/yr be (co	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large at ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Prop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	usiness/petro	oleum
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ALM? 12-14-99

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXY/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? DY DN DN/A 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 DY DN DN/A condenser exceeded 45°F? 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			٠
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□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	ΠN	□N/A

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

P.	ART VI: LEAK DETECTION AND F	EPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd repair
	inspection?			CAY ON
2.	Has the facility maintained a leak log?			DY ON
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	OY ON ON/A	Stills	CY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	CY ON ON/A
	Pumps	CY ON ON/A	Diverter valves	MY ON ON/A
i	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by the	ne responsible official?	•	
	Visual examination (condensed so	lvent on exterior surface	s)	Q
	Physical detection (airflow felt the	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentar	tion (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector	•	•	
	If using direct-reading instru	mentation, is the equip	ment:	©N/A
	a. Capable of detecting p	erc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	ifter each use	□Y □N
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	□Y. □N
	d. Kept in a clean and se	cure area when not in us	e?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
	Ilka Bundy		17-13-90	Ì
	In an antan's Many a (Dissay Daire		Data of Immedian	

Revised 9/15/97

12-13-2000 Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

Orange County Environmental Protection Department

AIRS ID#: 0950320

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



	<u> </u>				
FACILITY NAME: Prime T				DA	TE: 12-13-1889
FACILITY LOCATION: 2504	South Sem	noran	Blvd	,	
Orla	ndo, FL 32	822			
		· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period: Dec.	. 8	<u> </u>	то	Dec. 13	19.99
					·
Based on each term or condition of the 62-213.300, Florida Administrative Co		_			DEP Rule
If NO, complete the following:					
#1. Term or condition of the general p	ermit that has not been in	continuous	compliance (during the reporting p	period stated above:
•	•		. •		
English and a first transfer of the second s			40		·····
Exact period of non-compliance: from					<u> </u>
Action(s) taken to achieve compliance:	·				
Method used to demonstrate compliance	e:				
110 The second of the second of				Amina tha manadina e	social stated above:
#2. Term or condition of the general p	ermit mat has not been if	Conunuous (compnance (during the reporting p	eriod stated above.
				·	
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:				· 	
Method used to demonstrate compliance	e:				
	•				
As the responsible official, I hereby cer	rtify hasad on information	n and helief	formed after	reasonable inquiry	that the statements
made in this notification are true, accu	rate and complete. Furt	her, my annu	al consumpt	ion of perchloroethyl	ene solvent, based
upon rolling averages of purchase rece year for transfer or combination facilit		00 gallons pe	er year for d	ry-to dry facilities or	1,800 gallons per
RESPONSIBLE OFFICIAL:	KAI-MAN	YAU	/	Par Merylen	13-13-1999
CONTRACTOR OF CHARMA	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 COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 100	0950320
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Prime Time Cleaners	DATE: 12-13-99
FACILITY LOCATION: 2504 S. Semoran	Blvd.
Orlando, FL 3282	
RESPONSIBLE OFFICIAL: Kai-Man Yau	PHONE NUMBER: 407-8 658-0495
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	· ·
COMMENTS:	
Facility in compliance.	. · ·
The Annual Compliance Certification form has been properly certification.	
Bittle of the Att more deficing.	\3 - 2000
INSPECTION CONDUCTED BY:	Bundy
INSPECTOR'S SIGNATURE: Mu Bund	PHONE NUMBER: 836-1400
Dage	Revised 10/96

RECEIVED

JUL 1 7 2001

Dear Dotty Diltz,

My drycleaning name is Prim-Time Dry Cleaners,
Airs ID # 6950320001AG. The Adress is:

2504 3 Semoran Blvd.

Orlando FL 32822.

We are completely closed last year on June 30,
2000. So therefore, we do not wish to continue this air Title V general permit.

Thank you for you help in ending this delima.

Sincerely,

Kai-Man Yau

RECEIVED IMPORTANT

JUL 17 Air Monitor n

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

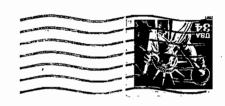
- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal
 - ☐ If you are a new owner, please check this and return this form with your completed notification form.
 - ☐ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.
- If you do not wish to continue your eligibility, please disregard this notice.

We are completely closed on June 30,2000 located on 2504 s semoran Blud
Orlando FL 32822

Airs ID # 0950320001 AG

Kai-Man Yau 13C The Hamlet Enfield, CT 06082





To: General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, Florida 32399-2400

32355+2400 hillindialidadamiddalladadalidalial

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) Article Sent To: 8 2210 (do 2993 (OLO) ~ Postage пu 5 Certified Fee ___ Postmark Return Receipt Fee (Endorsement Required) Here ПЦ Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 90 Name (Please Print Clearly) (to be completed by mailer) Street, Apt. No.; or PO Box No. 202 City, State, ZIP+4 PS Form 3800, July 1999 See Reverse for Instructions

2 210 .662 993 **US Postal Service Receipt for Certified Mail** 10 AIRS ID # 0950320001AG KAI-MAN YAU PRIME TIME CLEANERS 2504 S SEMORAN BLVD ORLANDO FL 32822 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 & Fees \$ Postmark or Date

RIGHT OF RETURN ADDRESS	77.		*	
TICKER AT TOP OF ENVELOPE	S	COMPLETE THIS SE	CTION ON DELI	VERY
 Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	/erse	A. Received by (Please	se Print Clearly)	B. Date of Delivery
Article Addressed to:		 D. Is delivery address If YES, enter deliver 		
10 AIRS ID # 0950320001AG KAI-MAN YAU PRIME TIME CLEANERS 2504 S SEMORAN BLVD				
ORLANDO FL 32822	. <u>.</u>	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mai ☐ Return Rece ☐ C.O.D.	ipt for Merchandise
Tato lota III		4. Restricted Delivery	? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)	52	0/85		-
PS Form 3811, July 1999	Domestic Retu	rn Receipt		102595-99-M-1789

Form 3800,

S

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES BUR. C. .

DEPT. OF ENVIRONMENT SPORT OF ENVIRONMENT STATION SEND ROAD

BUJJOJJUN STATION FOR BUJJOJJUN JO REGJING DEPT. OF ENVIRONMENTAL PROTECTION

ANN S S 2001

JUN S S 2001

LILLIAN LINE AND LIN

2099/2400

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

RECEIVED MAH ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950320

PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY

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

Оы.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 17 98

Do NOT Remove Label

AIRS ID#0950320

302849

KAI-MAN YAU KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

DEC 2 3 1998.

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0950320

PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY

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

Obi.: 002273



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

1-25-01pd

TOTAL AMOUNT DUE: \$5000 of Air Monitoring

Do NOT Remove Label

AIRS ID # 0950320

PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

IO SS NA

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Fund 20-2-035001

Obj. 5002273

Do NOT Remove Label

AIRS ID # 0950320 PRIME TIME CLEANERS KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

ENFIELD. CT 06082



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

P • 265 · 302 208 US Postal Service Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID#: 0950320 KAI-MAN YAU KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee.	Complete item Print your nam card to you. Attach this form permit. Write Return F	s 1 and/or 2 for additional services. s 3, 4a, and 4b. e and address on the reverse of this for to the front of the mailpiece, or on the teceipt Requested* on the mailpiece beceipt will show to whom the article was	e back if spac	e does not e number.	I also wish to rec following services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address d Delivery
	3. Article Add 3. Article Add 4. Article Add 5. Received E 5. Received E 6. Signature:	AIRS ID#: 0950320 AU AU IORAN BLVD FL 32822 BY: (Print Name)	325 828	4b. Service Registere Express Return Recompanies of December 201/December 201/De	Type ed Mail ceipt for Merchandise ellivery 0 9 2's Address (Only i	Certified Insured .

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US Postal Service Receipt for Certified Mail AIRS ID 0950320

KAI-MAN YAU KAI-MAN YAU 2504 S SEMORAN BLVD ORLANDO FL 32822

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