

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. John Kim
Kim's Coin Laundry & Dry Cleaners
6333 West Colonia Drive
Orlando, Florida 32818

Re: Facility I.D. No. 0950326

Dear Mr. Kim:

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, Florida 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

cc: Mr. Louis Nichols, Central District

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 24, 1997

Mr. John Kim Kim's Coin Laundry & Dry Cleaners 6333 West Colonial Drive Orlando, Florida 32818

Re: Facility I.D. No. 0950326

Dear Mr. Kim:

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

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Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Bowman, Sandy

From:

Ilka.Bundy@co.orange.fl.us

Sent:

Wednesday, July 11, 2001 11:59 AM

To:

Butler, Rick

Cc:

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

Subject:

Kim's Coin Laundry & Dry Cleaners

Hello Rick!

I spoke to Young Bok Kim regarding the above facility, AIRS ID#0950326, at 6333 W. Colonial Drive. He has notified me that he sold the business in June 2001 to Chang Chon Kim. I have sent the new owner a permit notification form.

If you have any questions, please do not hesitate to contact me! Thanks!

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

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

0950326002 Onoclivate 1/19/2001

1

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
JOHN Y KIM	
2. Site Name (For example, plant name or number):	
KIM'S COIN LAUNDRY & DRY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 6333 W. COLONIAL DR	
City: ORLANDO County: ORANGE Zip Code: FL 3281	8
5. Facility Identification Number (DEP Use): 0950326	
Responsible Official	
6. Name and Title of Responsible Official:	
JOHN KIM OWNER	
Responsible Official Mailing Address: Organization/Firm: KIMLS COIN LAUNDRY A DRY CLEANING Street Address?	
City: ORLANDO County: ORANGE Zip Code: 72.38	18
8. Responsible Official Telephone Number: Telephone: (40) 295-782 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: () -	
RECEIV	
ISEP 3 "	970
DER Form No. 62.213.900(2) Bureau of Air N	Nonitorin
DED Form No. 62.212.000(2) Page 12.0f16	Ourco

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

Page 13 of 16

& Mobile

#0950326

' i	
·	Kim's Coin Laundry & Dry Cleaners
!	
p.13	7. add address; correct zip Code
	Code
P.14	1.1a) add date control device installed, it any 4. mark out "X" and initial
· /,	installed it any
D.15	4. mark out "X" and initial
/	
	· I
	
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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	-1 .1	04-JUL-88	<u> </u>					anga an Tagan	
(1) w/ ref. condenser	1	-7-4-88			1	l i			
(2) w/ carbon adsorber		, , , , , , , ,							
(3) w/ no controls							-		
Washer Unit	:				in such as			dada	. Marie 19
(4) w/ ref. condenser			<u> </u>						1
(5) w/ carbon adsorber									
(6) w/ no controls							-		
Dryer Unit	i i i			9.4	Toping May				
(7) w/ ref. condenser		1			T .	<u> </u>	_		1
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	- 11.1	1 7 7 7 7 7 7 7			1. 200				Minate.
(I0) w/ ref. condenser								1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchloons ow many? [_	installed [_ oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec	t one classifi	cation only.)		initions found	·	3) of I	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	EXISTING SMAL AREA Refrigerated condenser
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
•	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
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	ι X ı
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	[]
(f) Start-up, shutdown, malfunction plan	[**\frac{\frac{1}{\frac{1}{2}}}{\bullet}]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ϋ́	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
(John 4 Kim 8-18-96

Date

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

Signature

Best Available Copy



facility was

gallons.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

H2	COMPLIANCE IN	SPECTION	CHECKLIST		\ .	•
TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAIN	T/DISCOVERY		•
•	RE-INSPECTION	Ω.		Our May		•
	RE-INSPECTION	.		\$ 0 2 2		
			- 0	01, 11,	2 22.	1
AIRS 10#: 0950326 D.	ATE: 1-12-0	TIME	IN: 0903	_ TIMESOUT:	8924	
FACILITY NAME: Kim's	Coin Launa	dry &	Dry Cla		<u></u>	·
FACILITY LOCATION: 633	33 West C	olonia	Drive		· .	
<u>Or</u>	lando, FL	_ 328	318		· ·	
RESPONSIBLE OFFICIAL : _	John Kin	n	PHONE: <u></u>	07-295-	7821	
CONTACT NAME:			PHONE:			
					· · · · · · · · · · · · · · · · · · ·	•
PART I: NOTIFICATION						
(check appropriate box)			······································			
1. New facility notified DARM 30) days prior to startu	p				
2. Facility failed to notify DARM	to use general permi	it			۵	
PART II: CLASSIFICATION	·			· · · · · · · · · · · · · · · · · · ·		i)
Facility indicated on notification	form that it is:		☐ No notific			Son Adul
(check appropriate box) A.	,		☐ Drop store	e/out of business	petroleum	See 11001
1. Existing small area source	tz 2	. New small	area source	Q		See Adol- Notes
dry-to-dry only, x < 140 gal/yr		-	y, x < 140 gal/yr			
transfer only, x < 200 gal/yr		•	x < 200 gal/yr			New
both types, x < 140 gal/yr (constructed before 12/9/91)		oth types, x <	< 140 gabyt n or after 12/9/91	D)		Owner
(00.13.1.0.00.00.00.00.00.00.00.00.00.00.00.00				-,		
3. Existing large area source			area source	O)		
dry-to-dry only, $140 \le x \le 2,100$	-		y, $140 \le x \le 2,10$			·
transfer only, $200 \le x \le 1,800 \text{ g}$	-	-	$200 \le x \le 1,800$			
both types, $140 \le x \le 1,800$ gal/ (constructed before 12/9/91)			0 ≤ x ≤ 1,800 gal n or after 12/9/91			
(constructed before 1219191)	(1	Onsuncieu o	it of after 1219191			
5. This is a correct facility class:	ification C	NO YE	□Can not de	termine		
If no, please check the app	propriate classification	on:				
	qualified for a genera		umber	_ above		南下原原
	exceeds above limits	-		al permit		TE, in the Le
B. The total quantity of perchloroe	thylene (perc) purch	ased within t	he preceding 12	months by this d	ry cleaning	N 0 2 2001

ORANGE COULTY FIRE ROTH STEAL FROM FORTHER DISSISTANCE

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?	מם צם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated 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 m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	:s:
1. Equipped all machines with the appropriate vent controls?	חט אם
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?	ΩY ΩN ΩN/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

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° 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
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REI	PAIRS		
1. Does the responsible official conduct a we	ekly (for small sources, b	i-weekly) leak detection an	d repair
inspection?			ОУ ОИ
2. Has the facility maintained a leak log?			OY ON
3. Does the responsible official check the fol	lowing areas for leaks?		
Hose connections, fittings,			
couplings, and valves	DY ON ONA	Muck cookers	DY ON DN/A
Door gaskets and seating	DY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	AYON DAYA	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A
Water separators	BY ON ON/A		·
4. Which method of detection is used by the	responsible official?		·
Visual examination (condensed solve	ent on exterior surfaces)		a .
Physical detection (airflow felt throu	gh gaskets)		Q .
Odor (noticeable perc odor)			O
. Use of direct-reading instrumentation	(FID/PID/calorimetric to	ubes)	
Halogen leak detector			Q .
If using direct-reading instrum	entation, is the equipme	nt:	□N/A
a. Capable of detecting per	vapor concentrations in	a range of 0-500 ppm?	OY ON
b. Calibrated against a stand	dard gas prior to and after	each use	DV DV
(PID/FID only)?			OY ON
c. Inspected for leaks and o		weekly basis?	DY DN
d. Kept in a clean and secur			
e. Verified for accuracy by	use of duplicate samples	(calorimetric only)?	OY ON
Ilka Bundy		1-12-20	0)
Inspector's Name (Please Print)		Date of Inspection	
Alla Bumh		3-12-200	1
Ingnostor's Signostra		Approximate Data of N	last Increation

Young Kim : New Owner as of Dec. 14, 2000

Left a Perc. Dry Cleaner Notification Form.

He already has a calendar w/SBAF.

I went over notification form with

Young Kim.

Bowman, Sandy

From:

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

Sent: Monday, Feb

To: Cc: Butler, Rick

CC:

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

Subject: Dry Cleaners with new R.O.s

Rick,

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

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

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

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

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

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	APHUAL RE-INSPECTION	½f (□	ZOSICKTALA.PIMO` ↓ ↓	VERY 🚨	
AIRS ID#: 0950326					
FACILITY LOCATION:	,	•			
	ORLHWDO, FL	32 हा ह <u>ि</u>			
PART 1: NOTIFICATION					
(check appropriate box)			······································		Ę
1. Existing facility notified Da	ARM by 9/1/96				١
2. New facility notified DARN	A 30 days prior to startup				I
3. Facility failed to notify DA	RM to use general permit				
PARTH: CLASSIFICATIO	N				
Facility indicated on notification (check appropriate box)	tion form that it is:		and the special formation of the special particular and the special sp		
A. 1. Existing small area sondry-to-dry only, x<140 galtransfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9.	/yr dry tra bo	New small are y-to-dry only, x insfer only, x<2 th types, x<140 onstructed on o	<140 gal/yr 00 gal/yr ; gal/yr		
3. Existing large area sold dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr dr 0 gal/yr tra gal/yr bo</td><td>nnsfer only, 200 oth types, 140<</td><td>40<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,></td></x<2,>	100 gal/yr dr 0 gal/yr tra gal/yr bo	nnsfer only, 200 oth types, 140<	40 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,>		
This is a correct facility class	sification 🗹	Y ON			
If no, please check the appro	priate classification;				
☐ facility qua	lified for a general permit cods above limits and is ac	as number of eligible for a	above general permit		
B. The total quantity of perc facility was _60_ gallo		hased within the	e preceding 12 months	by this dry oleaning	13

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:	
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If classification 4 has been checked, the machine should be equipped with a refrience 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 basis?	מט עט
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	חם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חס הט

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted	ΟY	ПN	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	, ji	ΠY	ПΝ	
Is the temperature differential equal to or greater than 20° F?		ΠY	ПИ	
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?				□N/A
Is the perc concentration equal to or less than 100 ppm?		ΠY	ΠИ	
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		ΟY	DИ	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ΟY	ПN	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?		ΠY	ПИ	□N/A
PART V: RECORDKEEPING REQUIREMENTS				
		===		
Has the responsible official: (check appropriate boxes)				
			ЙП	
(check appropriate boxes)			מט	
(check appropriate boxes) 1. Maintained receipts for perc purchased?				
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?		ĽΥ		
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:		CAY CAY		
 (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 		CAY CAY		Θ Α Ί/Α
 (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 		GY GY GY		
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) 				
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only? Maintained exhaust duct monitoring data on pere concentrations? 				
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only! Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? 			X X X X X X X X X X X X X X X X X X X	
 (check appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only! Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 			X X X X X X X X X X X X X X X X X X X	2/A 2/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: documentation of leaks repaired w/in 24 hrs? or; documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2/A 2/A
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2	Which method of detection is used by t	lio rocuero	illo otti	olu12	# 	
۷.	Visual examination (condensed s	-				
ı	Physical detection (airflow felt th			· ·	ري احد	
	Odor (noticeable perc odor)					
	Use of direct-reading instruments					
	-	u				
	If using direct-reading instrum	•	F147 (73.5		
				0 11	□Y (אר
	b. Calibrated against a (PID/FID only)?	standard g	as prior	to and after each use	□y (ИΓ
	c. Inspected for leaks a	nd obvious	signs of	Twear on a weekly basis?	UY (ИС
	d. Kept in a clean and s	secure area	when n	ot in use?	ΟY (ПП
	e. Verified for accuracy	by use of	duplicat	e samples (calorimetric only)?	OY_ON	
3.	Has the facility maintained a leak log?	•			Cary 1	ÖИ
4.	Does the responsible official check the	following	areas fo	or leaks?		
ŀ	Hose connections, fittings, couplings, and valves	C/Y	ПИ	Muck cookers	ďΥ	ПN
	Door gaskets and scating	UΑY	ÜN	Stills	ďΥ	ПИ
	Filter gaskets and scating	IΖΊΥ	ПИ	Exhaust dampers	ŒΥ	ПN
	Pumps	ĽΥ	ПИ	Diverter valves	(YY	ПN
	Solvent tanks and containers	ŪУ	ПИ	Cartridge filter housings	цх	ПИ
	Water separators		DИ		·	
· Barrer	John Kim					
	Name of Responsible Office	cial				
	Todd Fletcher			12/61	96	
	Librardor's Nama (Pleace D	rint\	——	Date of Justice	ection	

Revised 10/28/96

Approximate Date of Next Inspection

Inspector's Signature

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: 10 15 TIME OUT:	AIRS 1011: 0950326
TYPE OF FACILITY: Dry Cle	eaning
FACILITY NAME: Kims Coin Laundry	& Dry Cleaning DATE: 12/6/96
FACILITY LOCATION: 6333 W. Colo	nial Dr
Ovlando Fl	
RESPONSIBLE OFFICIAL: John Kim	PHONE NUMBER:
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Need to seal impervious	SIX month reinspection
Need to maintain corrective action form	16 (1
weed to maintain Rouning Log for Perc	11 II II
	,
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 66	Approximate)
	Fletcher
INSPECTOR'S SIGNATURE: DOWN UTIL	Please Print) C

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	۵
AIRS ID#: 0950326 DATE: 12/6	196 TIME IN: 10:15 TIME OUT:	
FACILITY NAME: KIM'S COIN LAUND	DRY CLEANERS	
FACILITY LOCATION: 6333 W. C	•	
	L 32818	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		۵
2. New facility notified DARM 30 days prior to sta	utup	ם
3. Facility failed to notify DARM to use general pe	ermit	a
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><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></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	MY ON	
If no, please check the appropriate classification:		
facility qualified for a general perfectly exceeds above limits and	ermit as number above I is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc)	purchased within the preceding 12 months by this d	ry cleaning

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) DY DN 1. Equipped all machines with the appropriate vent controls? DY 'DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? \Box Y \Box N 6. Conducted all temperature monitoring after an appropriate cooldown period and after \Box Y \Box N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
-		
_	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	,
(c	as the responsible official:	מט עט
H (c	as the responsible official: heck appropriate boxes)	CY CN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	OY DAN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY ON
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY DAN
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	OY ON OY ON OYON
H (c 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON OY ON OY
H (c 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OY
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

2	2. Which method of detection is used by the responsible official?						
~.	Visual examination (condensed so	A	Ì				
	Physical detection (airflow felt the						
		ongu gasi	(CIS)				
	Odor (noticeable perc odor)				14		
	Use of direct-reading instrumenta	tion (FID/	PID/calorimetric	tubes)			
	If using direct-reading instrume	ntation, i	s the equipment:				
	a. Capable of detecting p	ere vapor	concentrations in	a range of 0-500 ppm?		4	
	b. Calibrated against a s (PID/FID only)?	tandard ga	as prior to and aft	er each use		1	
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?						4	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						N .	
3.	3. Has the facility maintained a leak log?						
4.	Does the responsible official check the	following	areas for leaks?				
	Hose connections, fittings, couplings, and valves		ПИ	Muck cookers	ΔY	□и	
	Door gaskets and seating	ĽΔY	□и	Stills	ĽΥ	□и	
	Filter gaskets and scating	ZY	ПN	Exhaust dampers	ŒΥ	□и	
	Pumps	ĽΥ	□N	Diverter valves	DY/	Пи	
	Solvent tanks and containers	ΔY/	□и	Cartridge filter housings	Q ^X	ПN	
	Water separators		ПN				

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

1 1 1 -

Approximate Date of Next Inspection

#0950326

	Kims-Coin Lau	indry & Drya	Cleaners	
1. Fac p./3	7. add address Code	; correct	ZIP -	
2. Sit K1 P. H	1.1a) add date installed, it 4. mark out "	control der	rice	; •
4. Fa St Ci		·		32818
5. Fa	12345678970		<u></u>	
6. Ne 3	UEC 1996 THE			
St Ci	202122		le	FZ.3818
Te				
9. Name and Title of	Facility Contact (For example, pl	ant manager):		
10. Facility Contact A Street Address: City:	ddress: County:		Zip Code:	
11. Facility Contact To Telephone: (-	Fax: ()	-	
			REC	EIVET

Bureau of Air Monitoring & Mobile Sources

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>						
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	NYK						
	e (For example, plant						
KIM'S	COIN LAU	NDRY& DRY Cl	.EANERS				
3. Hazardo	is Waste Generator Id	entification Number:					
4. Facility		W. COLONI	Al DR				
	uui 033.			s. a .) c	2.7.0		
City: (PRLANDO	County: Of	KANGE	Zip Code: FL	32218		
5. Facility	dentification Number	(DEP Use):					
				0950	526		
		Responsible	Official				
6. Name an	d Title of Responsible	: Official:		*			
	N KIM	OWNER)				
			<u> </u>		·		
7. Respons	ble Official Mailing	Address:	eva Dev	CLEANING			
Organiza	tion/firm: トルユ	Colonial D	or Key	Cecini	21 KLY		
City: ①	RIAN DO	County:	ORANGE	CLEANING Zip Code:	7.3818		
	ble Official Telephon		•				
Telephor	ne: (407) 295	-782 ,	Fax: () -			
	Engility	Contact (If different f	nom Dosnonsihl	o Official)	,		
	Facility	Contact (If different f	rom Kesponsibi	e Official)			
9. Name an	d Title of Facility Cor	tact (For example, plar	nt manager):				
,							
10. Facility (Contact Address:						
Street Ac	dress:				İ		
City:		County:		Zip Code:			
11 Facilies	Contact Tolombons No.	mhar					
Telephor	Contact Telephone Nu le: ()		Fax: () -			
Telephol	, , , , , , , , , , , , , , , , , , ,		, un. (,			
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Effective: 6-25-96

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Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
`		Initially	Device		Initially	Device	٠.	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		04-JUL-88	Ko	У					
(1) w/ ref. condenser	7		4-106-88	•			T		
(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 [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	-	initions found		3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	s pursuant to section (3) of Fart II of this notification form:
Existing large area source Carbon adsorber []	Refrigerated condenser [X] KCY
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
to Rule 62-213.300, F.A.C. Verify that all steam an 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 natural gas except for periods of natural gas curtailment
Fauinment Manitaring	and Recordkeeping Information
· · · · · · · · · · · · · · · · · · ·	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	ι X i
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Surrender of Existing All Terminasy							
Please indicate with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
Ϋ́	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will prod	The Department of any changes to the information contained in this notification. $ \frac{1}{2} - \frac{1}{2} - \frac{1}{6} - \frac{1}{96} $ The United Date $12 - 6 - \frac{96}{96}$						

Effective: 6-25-96

BEST AVAILABLE COPY # 0950326

Kim's Coin Laundry & Dry Clean	er s
1. Fac p.13 7. add address; correct Zip Code	
2. Sit KI P.14 1.(a) add date control device installed, it any P.15 4 mark out "X" and initial	
4. Fa St Ci	32818
7.345678970 1096	6
6. Ne	
Or St Ci	
8. Re Te	
9. Name and Title of Facility Contact (For example, plant manager):	1 .
10. Facility Contact Address: Street Address: City: County: Zip Code	e:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	ECEIVED

SEP 3 1970

Bureau of Air Monitoring & Mobile Sources

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·						
Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
JOHN Y KIM		1				
2. Site Name (For example, plant name or i	•					
KIM'S COIN LAUNDRY8	L DRY CLEANERS					
3. Hazardous Waste Generator Identification	on Number:	,				
		·				
4. Facility Location: 6333 W. (COLONIAL DR					
Street Address:	Combine ON ANCE	7: Cada T) 27018				
City: ORLANDO	County: ORANGE	Zip Code: FL 3 2818				
5. Facility Identification Number (DEP Use	e):					
		7 0 75 0 32 6 2 7				
1. 1999 被中央地位的时候,在CSS的时间,不由OF 可能的设计,但是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是	energen in der stellen der der Albeiter der Stellen (b. 1919). Der	可以 2018年1月1日 - 1908年1月1日 - 1908年1日				
	Responsible Official					
6. Name and Title of Responsible Official:	·					
	OWNER					
7. Responsible Official Mailing Address: Organization/Firm: ドルル Coル Street Address: 6333 W. CoL City: OPLANDO	LAUNDRY A DRY	CLEANING				
Street Address: 6333 W. CoL	ONIAL Dr. KCY	7 %				
City: OPELAN DO	County: ORHNGE	Zip Code: 76. 3818				
8. Responsible Official Telephone Number						
Telephone: (40) 295 786) Fax: () -				
Facility Contact ((If different from Responsible	le Official)				
9. Name and Title of Facility Contact (For	example, plant manager):					
		1				
10. Facility Contact Address:						
Street Address:		7' 6.4				
City:	County:	Zip Code:				
11. Facility Contact Telephone Number:						
Telephone: () -	Fax: () -				
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Bureau of Air Monitorine
& Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
1		Initially	Device		Initially	Device	•	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		04-ULL-88) Ka	Y		_			
(1) w/ ref. condenser	1		4-101.88	 					
(2) w/ carbon adsorber	•	7.00							
(3) w/ no controls									
Washer Unit		<u>'</u>						1	<u> </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit		<u> </u>				<u></u>	-		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (× (perc))) purchased i			•	
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec	ource [X_]	ication only.	ew si	initions foun mall area sou	rce [3) of]	Part II?	
Existing large at	ca 50	uice []	14	CW 1d	ii ge ai ea soui		J		

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

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	EXISTING SMALL AREA KCY Refrigerated condenses [X] KCY
New small area source Refrigerated condenser []	· · · · · · · · · · · · · · · · · · ·
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
All steam and hot water generating units on-site (1)	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

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)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
,	
	Responsible Official Certification
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
this notifi statemen maintain comply w	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

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304087The 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

AIRS ID 0950326

MAIL ROOM
MAR -2 98

Do NOT Remove Label

JOHN Y KIM JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

257978

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

JAN 14 97

Do NOT Remove Label

AIRS ID# 0950326 KIM'S COIN LAUNDRY &DRY CLEANERS JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354337

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 # 0950326 KIM'S COIN LAUNDRY & DRY CLEANERS JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818 BUTE OF AIT MOTH

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOSB1

Fund: 20-2-035001 Obj.: 002273

	Z 333 E	13	015
	US Postal Service Receipt for Cer	tified	Mail
1	JOHN Y KIM JOHN KIM 6333 W COLONIAL I ORLANDO FL 32818	PRIVE	AIRS ID 0950326
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

.

SENDER: "Complete items 1 and/or 2 for additional services. "Complete items 3, 4a, and 4b. "Print your name and address on the reverse of this form so that very card to you. "Attach this form to the front of the mall	ace does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address
 Write 'Return Receipt Requested' on the mailpiece below the artise The Return Receipt will show to whom the article was delivered at the control of the control		2. Restricted Delivery
delivered.		Consult postmaster for fee.
3. Article Addressed to: AIRS ID 0950326 JOHN Y KIM JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818	4b. Service Registere Express Return Re 7. Date of po	Type ed Certified Mail Insured ceip for Merchandise COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressed and fee is	e's Address (Only if requested paid)
	02595-97-B-0179	Domestic Return Receipt

ACL

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTS	ON COMPLAINT/DISCOVERY ON
FACILITY NAME: Kims Coin FACILITY LOCATION: 6333 (6/97 TIME IN: 1:30 TIME OUT: 2:00 Laundry & Dry Cleaner e. Colonial Dr o F1 32818 n phone: 407 - 295 - 7821
	PHONE:
PART I: NOTIFICATION	
New facility notified DARM 30 days prior to st Facility failed to notify DARM to use general p	, and the second se
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
☐ facility exceeds above	☐Y ☐N ☐Can not determine fication: general permit as number above limits and is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning
facility was 60 gallons.	parentised within the preceding 12 months of this differenting

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?	DY ON ONA					
2. Examining the containers for leakage?	מארם אים אין					
3. Closing and securing machine doors except during loading/unloading?	מא מאס					
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוא בוא בעאיע					
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?	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?	ОУ ОИ					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	□Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	Пи	□N/A
	Is the perc concentration equal to or less than 100 ppm?			
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ĽΙΥ	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
-				
P.	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: check appropriate boxes)			
1.	Maintained receipts for perc purchased?	ØΥ	ΠN	

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 DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	איאם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN DYNA
Problem corrected?	OY ON BNIA
8. Maintained compliance plan, if applicable?	DY DN MN/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?			ON UN			
2.	Has the facility maintained a leak log	?		OY ON			
3.	Does the responsible official check the	e following areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	מ/אם אם אם	Muck cookers	OY ON ON/A			
	Door gaskets and seating	מא טט טאע	Stills	OY ON ON/A			
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	ØY ON ON/A			
	Pumps	QY ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	EX ON ON/A	Cartridge filter housings	ØY ON ON/A			
	Water separators	GY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	cs)	凶			
	Physical detection (airflow felt t	hrough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen						
	Halogen leak detector						
	If using direct-reading ins	pment:	DIN/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	and obvious signs of wear	on a weekly basis?	□Y □N			
	d. Kept in a clean and	secure area when not in u	use?	□Y □N			
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	□Y □N			
:							
_	Inspector's Name (Please Print) Date of Inspection						
	Inspector's Signature	det	Approximate Date of	6/98			

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

TYPE OF INSPECTION:	ANNUAL COM	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 30	TIME OUT: Z	AIRS ID#: 695	50376
TYPE OF FACILITY:	Dry Cleaner		
FACILITY NAME: KIN	100	1 & Dry Cleaner	DATE: 12 16 97
FACILITY LOCATION:(0333 w. Coloni Orlando Fl	32818	
RESPONSIBLE OFFICIAL:	John Kim	PHONE NUMBER: _	107-295-7821
	•	ated during this inspection, the facilit	y is found to be in
	Rule 62-213.300, Florida Administr		
Based on the results of discrepancies were note		ated during this inspection, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
No Leak d	etection Log	·	
<u> </u>	(4) (4) (4)		
	<i>3</i> ∜		
i .			
F			
· 			
COMMENTS:		1 0 0	
Faci	lity Minor or	ot of Complie	ineq
	,	_	
The Annual Compliance Certifi	cation form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		16 98	<u> </u>
INSPECTION CONDUCTED	BY: TODD FI	etchov lease Print)	<u></u>
INSPECTOR'S SIGNATURE	d = 0 (10 1)	PHONE NUMBER:	836-9524

Page of .

Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	<u>п</u>	COMPLAINT/DI	ISCOVERY	
AIRS ID#: <u>0950326</u> FACILITY NAME: <u>Kim'S</u> FACILITY LOCATION: <u>6</u> RESPONSIBLE OFFICIAL:	Coin Laundry 333 West Col rlando, FL	4 Dry Ionial 32818	<u>Cleaners</u> Drive	*	
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR	30 days prior to startup	R E	OEC 2 8 1998	ring	u
PART II: CLASSIFICATIO	N		& Mobile Sources		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 \le x \le 1,800 (constructed before 12/9/9)	ion form that it is: ree	y-to-dry only master only, anster only, and types, x < onstructed of the New Jarge ry-to-dry only anster only, oth types, 1-1	□ No notification □ Drop store/or area source y , $x < 140$ gal/yr $x < 200$ gal/yr $x < 140$ gal/yr	gal/yr	octroleum
LI fac	classification c appropriate classificati ility qualified for a gener ility exceeds above limits	al permit as		above	
B. The total quantity of percl facility was <u>100</u> gallo	hloroethylene (perc) purc				dry cleaning

Is the responsible official of the dry cleaning facility:	
(check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	אווים אם צם
2. Examining the containers for leakage?	ע/אוט אוט אוט
3. Closing and securing machine doors except during loading/unloading?	MY CIN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אאם אח אק
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	טא טא שא און און
DADT HE DIVOCESS USDAY CONVINCES	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refe (complete Λ below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מט אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	עאים אים אים
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בוץ טא טאיע
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מיץ נוא
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	בא מון אם איי
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חט אט

PART III: GENERAL CONTROL REQUIREMENTS:

				No.
B.	Has the responsible official of an existing large or new large area source also);	A	
1.	Measured and recorded the exhaust temperature on the outlet side of the condens on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er located	ישע עט אָ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		מצ טא	אאני
	Is the temperature differential equal to or greater than 20° F7		OY ON	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?		חס, גם	ON/A
	Is the perc concentration equal to or less than 100 ppm?		מט עט	אאם אואם
4 .	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contractor expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	etion,	טץ טא	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	\$. □Y: □N	_ □N/A
-				-
P	ART V: RECORDKEEPING REQUIREMENTS	<u> </u>		
II	as the responsible official:	· · ·		

PART V: RECORDKEEPING REQUIREMENTS () ()	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA ON
2. Maintained rolling monthly total of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs7 or;	QA CH CHY
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	©Y □N □Ñ/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WAYA
5. Maintained exhaust duct monitoring data on perc concentrations?	עואלם מם אוע
6. Maintained startup/shutdown/malfunction plan?	MY UN
7. Maintained deviation reports?	CIY ON DANA
Problem corrected?	רוא מון אנין אנין
8. Maintained compliance plan, if applicable?	CIY CIN DN/A

P/	PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official conduct a v	veckly	(for s	small so	irces, b	i-weckly) leak	detection an	d repa	ir
	inspection?				.		gers. The state of the state of	ØΥ	UN
2.	Has the facility maintained a leak log?				. *-	: •	··!	ЩY	מט
3.	Does the responsible official check the fe	ollowi	ng ar	cas for l	caks?	19			
	Hose connections, fittings, couplings, and valves	ØΥ	ÜN	באיא		Muck cookers	:	ÇΑY	טא מאיא
	Door gaskets and scating	ŪΥ	ПΝ	□N/∧		Stills		ØΥ	ע/אם אם
	Filter gaskets and scatting	ďΥ	ПN	ÜN/∧		Exhaust damp	ocrs .	. ØY	ע/אם אם
	Pumps	⊘ Y	ΠИ	ÜN/∧		Diverter valve	25	ĽΔY	בוא בואיע
	Solvent tanks and containers	ďΥ	ПИ	□N\V		Cartridge filte	er housings	ØΥ	ON ON/A
	Water separators	QΥ	ПN	CJN/V					
4.	Which method of detection is used by the	ic rest	onsil	olc offici	al?			/	
	Visual examination (condensed so	olvent	on ex	terior su	rfaces)			Ø	
	Physical detection (airflow felt the	rough	gasko	ets)				\Box	
	Odor (noticeable pere odor)						*.		فير
	Use of direct-reading instrumenta	ition (l	FID/P	HD/calor	imetric	tubes)	13.	C	
	Halogen leak detector						3,		
	If using direct-reading instr	umen	tatio	n, is the	equipa	ient:	•	EN.	/ ^
	a. Capable of detecting	perc v	apor (concentr	ations i	n a range of 0-	500 թթա?	ΠY	ПИ
	b. Calibrated against a s (PID/FID only)?	standa	rd ga	s prior to	and af	ter each use	$\sum_{\mathbf{q}} \mathbf{v}_{\mathbf{q}} \cdot \mathbf{v}_{\mathbf{q}} \cdot \mathbf{v}_{\mathbf{q}}$	ΩY	ПИ
	c. Inspected for leaks a	ad obv	ious s	signs of	wear on	a weekly basis	s7	ÜΥ	ШN
	d. Kept in a clean and s							ÜY	מט
	e. Verified for accuracy						only)?	ŪΥ	ПN
`	:					······································		. `	
	•								*
	Ilka Bundy						12/15/0		
• -	Inspector's Name (Please Pr	int)					Date of Insp	occlion	· · · · · · · · · · · · · · · · · · ·
		,				•			
	Mia Bundy						2/15/	99	
	Inspector's Signature					Approxi	mate Date o	I Next	Inspection

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DDITIONAL SITE INFORMATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1025	TIME OUT:	1045	AIRS ID#:	0950326
TYPE OF FACILITY: Dry	Cleaner			_
FACILITY NAME: Kim'S	Coin Laundr	y \$	Dry Cleaners	DATE: 12/15/98
FACILITY LOCATION: 633		onial	Drive	
	ando, FL 328	818		
	John Kim		PHONE NUMBI	ER: 407-295-7821
	ne compliance requiremenule 62-213.300, Florida A		ed during this inspection, the tive Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted	•	nts evaluat	ed during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBL	LEM	FOLLOW-UP AC	TION REQUIRED
			RECEI	/ E D
			DEC 28 1	998
			Bureau of Air N & Mobile So	lonitoring ources
COMMENTS:		'		
Facility in	o compliance)	· · · · · · · · · · · · · · · · · · ·	•
The Annual Compliance Certification	ation form has been prope	erly certific	ed and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTIO	N: 12/	15/9°	groximate)	
INSPECTION CONDUCTED	BY: IKO	1 BU	ndy	
INSPECTOR'S SIGNATURE:	Mka B	Sundy	ase Print) PHONE NUMB	ER: 836-9524
		Page 1	of L.	Revised 10/96

Orange County	Environm	ental Protec	tion Depai	rtment	4-10-4
AIRS 10#: 0950326		AIC		0) 1 6 6	U V B
				SFP	ed 10/10/96 1999
DRY CLEAI	NER AIR QU	ALITY GENEI E CERTIFICATI	RAL PERMĪ		
				ORANGE COUNTY PROTECTION I	DEPARTMENT
FACILITY NAME: Kim's Coin	Laundry	& Dry Clea	aners.	DATE: £	-27-98
FACILITY NAME: Kim's Coin FACILITY LOCATION: 6333 Orlando	West Color	rial Drive		·	
Orlanda	, FL 32	818			
Annual Reporting Period:	12/16	19 <u>_97</u> to _		2/15	19 <u>_98</u>
David an analysis of the second secon	**			,	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		· .	\		
If NO, complete the following:	,, ,	, , , , ,	/ \		
#1. Term or condition of the general permit	that has not been in	s continuous countieus	on during the removal	P	
*1. Term of condition of the general permit		r continuous compitant	e during the report	ing penga state	a above;
				OC.	
Exact period of non-compliance: from		t	o	4 7	E a
Action(s) taken to achieve compliance:			4,	10 A 190	
Method used to demonstrate compliance:				SOLIONIA Con Orio	
#2. Term or condition of the general permit	that has not been in	ecertinuous complians	e during the report	S S	q apona.
#2. Term of condition of the general permit		· ·	e during the report	mg period state	a above.
Exact period of non-compliance: from		to		·	
Action(s) taken to achieve compliance:		•			
Method used to demonstrate compliance:					
			- -		
As the responsible official, I hereby certify, b					
made in this notification are true, accurate a upon rolling averages of purchase receipts, a					
year for transfer or combination facilities.	20 C K	100 / 1	2 X 1/2		-18 ON
RESPONSIBLE OFFICIAL: LING	ne (Please Print)	1101 Jud	Signature		Pate
	•				
ken to a state of the state of					
*This form is made available to you as an aid discretion of the responsible official to use th	I in order to meet yo is form.	our annual compliance	certification requir	ements. It is at	the
·					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	d	COMPLAINT/DIS	COVERY	79
	RE-INSPECTION	a .		Bur	
airs id#: 0950326 d			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	VE OUT	1010
FACILITY NAME: Kim'S			_ ' ' ' '	riets ?	2
FACILITY LOCATION: <u>63</u>	33 West C rlando FL			urc35	
RESPONSIBLE OFFICIAL : _				-295 -	7821
		·			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to startup				
2. Facility failed to notify DARM	to use general permit				<u> </u>
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification f ☐ Drop store/out o		etroleum .
-	2. dry tran	$\begin{array}{l} \text{nsfer only, } x < 1 \\ \text{h types, } x < 1 \end{array}$	Drop store/out o rea source x < 140 gal/yr < 200 gal/yr		etroleum
(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	dry tran bot (co d.) 00 gal/yr dry gal/yr tran dry	r-to-dry only, x < h types, x < l nstructed on one was large as r-to-dry only, asfer only, 20 h types, 140 c	Drop store/out o rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	f business/pe	etroleum
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 galloth types, 140 ≤ x ≤ 1,800 galloth 	dry tran bot (co 100 gal/yr dry gal/yr tran l/yr bot (co	r-to-dry only, x < h types, x < l nstructed on a New large and to-to-dry only, asfer only, 20 h types, 140 s nstructed on a structed on a str	Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	f business/pe	etroleum
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility clas If no, please check the ap facility 	dry tran bot (co 4. 00 gal/yr gal/yr tran l/yr bot (co	reto-dry only, and h types, x < 1 instructed on a reto-dry only, and h types, 140 instructed on a reto-dry only, and h types, 140 instructed on a reto-dry only.	Drop store/out of the source $x < 140 \text{ gal/yr}$ (200 gal/yr) (40 gal/yr) (40 gal/yr) or after $(12/9/91)$ (40 seasource) $(40 $	f business/pe	etroleum

ARMS 12-17-09

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN QYN/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 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/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?

PART III: GENERAL CONTROL REQUIREMENTS

B. Ha	as the responsible official of an existing large or new large area source also:	
	easured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
II	easured and recorded the washer exhaust temperature at the condenser et and outlet weekly?	□Y □N □N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
at t	easured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber, machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
per or e	sured that the sampling port on the carbon adsorber exhaust for measuring c concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 duct diameters upstream from any bend, contraction, expansion; and downstream from no other inlet?	OY ON ON/A
	uipped transfer machines (dryers, reclaimers, and washers) with individual indenser coils?	OY ON ON/A
6. Ro	uted airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	ENY ON
2. Maintained rolling monthly total of perc consumption?	GY 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? 	QY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ery on
7. Maintained deviation reports?	OY ON EM/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ØN/A

1 Does the	responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd rangir	
		weekly (for silian source	s, of-weekly) leak detection at	/	
inspection		·			
	acility maintained a leak log?		_	QYY □N	
	responsible official check the	following areas for leaks	?		
	e connections, fittings, uplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
Doo	or gaskets and seating	ØY ON ON/A	Stills	DY ON ON/A	
Filte	er gaskets and seating	ØY ON ON/A	Exhaust dampers	DY ON ON/A	
Pun	nps	ØY ON ON/A	Diverter valves	MY ON ON/A	
Solv	vent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
Wat	Water separators □ ☑Y □N □N/A				
. Which me	ethod of detection is used by	the responsible official?		. ,	
Visu	ual examination (condensed s	olvent on exterior surface	es)	a	
Phy	sical detection (airflow felt th	rough gaskets)			
Odo	or (noticeable perc odor)			Q	
Use	of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	O .	
Halo	ogen leak detector				
]	If using direct-reading instr	umentation, is the equip	oment:	☑N/A	
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and s	ecure area when not in us	e?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON	
	-				

12-17-99
Date of Inspection
12-17-200
Approximate Date of Next Inspection
•

ADDITIONAL SI	TE INFORMATION:
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Orange County Environmental Protection Department

AIRS ID#:	0950	326

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 12-17-99 18-17-99

FACILITY NAME: Kim's Coi		· -	DAT	E: 12-17-99
FACILITY LOCATION: 6333	West Colonia	Drive		·
	ndo FL 3281	K		
	,100 ,100			
Annual Reporting Period: Dec	. 15	1998 то	Dec 17	199
Based on each term or condition of the 62-213.300, Florida Administrative Cod				DEP Rule
If NO, complete the following:				
#1. Term or condition of the general po	ermit that has not been in a	antinuous compliance	during the reporting p	eriod stated above:
in 1. Term of condition of the general pe	internatinas not been in e	ontinuous compnance	during the reporting po	and stated above.
	•	<u>. </u>		<u> </u>
Exact period of non-compliance: from		10		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	: :	·		
#2. Term or condition of the general pe	rmit that has not been in c	ontinuous compliance	during the reporting po	eriod stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:	· 			·
Method used to demonstrate compliance				
without used to definoustrate compitation			· ,	
· -				
As the responsible official, I hereby cer made in this notification are true, accur upon rolling averages of purchase recei year for transfer or combination faciliti	rate and complete. Furthe pts, does not exceed 2,100	r, nıy annual consump	tion of perchloroethyle	ne solvent, based
responsible official:	HIN KIM Name (Please Print)	· C'hu	Signature	/2-\$7-99 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 🔽	СОМР	LAINT/DISCOVERY	RE.	-INSPECTION
TIME IN: 0935	TIME OUT:	1010	AIRS ID	#: <u>09503</u>	26
TYPE OF FACILITY: Dry	<u>lleaner</u>		na alifa dangga abayahan dan cirangga araw at alifana sa ang anaran sang ang an ang ang		
FACILITY NAME: Kim'S	Coin Laundry			DATE	: 12-17-99
FACILITY LOCATION: 633			rive		
	lando, FL 328	<u> </u>		1107	- 205 - 7021
RESPONSIBLE OFFICIAL:	John Kim		PHONE NU	MBER: 907	-295-7821
	the compliance requireme Rule 62-213.300, Florida A			the facility is for	und to be in
Based on the results of discrepancies were note	the compliance requireme ed:	nts evaluate	d during this inspection,	the following co	ompliance ·
COMPLIANCE REQU	JIREMENT/PROBI	LEM	FOLLOW-UP	ACTION RE	EQUIRED
					ſ
				·	
			·		
	/				
	*,				
COMMENTS:		l			
Facility	in complia	nce,			
The Annual Compliance Certific	13	erly certifie - 17 - 2		rspector. Y	ES NO
DATE OF NEXT INSPECTIO	IN:12		roximate)		
INSPECTION CONDUCTED	BY: Ilk	Ka Bui	ndy (se Print)		
INSPECTOR'S SIGNATURE	:Alka	Bund	PHONE NU	mber: 📙	36-1400

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403367

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 # 0950326 KIM'S COIN LAUNDRY & DRY CLEANERS JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
-Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389661

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 # 0950326 KIM'S COIN LAUNDRY & DRY CLEANERS JOHN KIM 6333 W COLONIAL DRIVE ORLANDO FL 32818

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
2362	and the second	To take the second		
2 OE T h	Postage Certified Fee	\$	Postmark	
0.026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here H	
2000 0600	JOHN KIM KIM'S DRY CLE 6333 W COLON ORLANDO FL 3	AG		

PLACE STICKER AT TOP OF ENVELOPE TO THE BIGHT OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: IO AIRS ID # 0950326001AG JOHN KIM KIM'S DRY CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X			
6333 W COLONIAL DRIVE ORLANDO FL 32818	3. Service Type Certified Mail			
2. Article Number (Copy from service label) 3 0 23 6 2 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				