

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 18, 1996

Mr. Pali Clin Phli President Total Valet and Wardrobe Services 5036 West Colonial Drive Orlando, Florida 32808

Facility I.D. No. 0950328 Re:

Dear Mr. Phli:

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 November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

Mr. Louis Nichols, Central District

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

### Perchloroethylene Dry Cleaning Facility Notification

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

·				
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
PHU LOCK INC.				
2. Site Name (For example, plant name or number):				
TOTAL VALET & WARDROBE SERVICES				
3. Hazardous Waste Generator Identification Number:				
FLD CESQG				
4. Facility Location: 5036 W. Colomal Drive				
Street Address: City: Oplands County: Orange Zip Code: 32807				
5. Facility Identification Number (DEP Use):				
0950328				
Responsible Official				
6. Name and Title of Responsible Official:  PAU CUN PHU President				
, , , , , , , , , , , , , , , , , , , ,				
7. Responsible Official Mailing Address: Organization/Firm: 5036 W. Colonical Jule Street Address:				
Street Address: City: Orlands County: Ingoly Zip Code: 32708				
8. Responsible Official Telephone Number:  Telephone: (407 291-0)10 Fax: ( ) -				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
PAU CUN PHU president				
10. Facility Contact Address:				
Street Address: 5036 W. Womal Dure				
Street Address: 5036 W. Womal Drive City: orlands County: orange Zip Code: 32908				
11. Facility Contact Telephone Number:				
Telephone: $(407 298-0570)$ Fax: $()$				
RFCFI'				

RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

## # 0950328

P. 14

3. new large area source Should be marked

P.15

4. new large r.c. Should be marked

(c) should be marked

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		OIMARS	901 MAR	39 -	The state of	a Pili			Briothair.
(1) w/ ref. condenser			-						
(2) w/ carbon adsorber								-	
(3) w/ no controls									
Washer Unit	1	05 Sep 95	05 sep 95	2	107eb90	6 10 Feb 96	3	12 April 0	16 12 Apro
(4) w/ ref. condenser		1 ,	1					/	
(5) w/ carbon adsorber									
(6) w/ no controls									_
Dryer Unit		or sepq1	OJ SUP9:	2/	12 April 91	12 April 9	6		
(7) w/ ref. condenser			1	_	1 1	1			
(8) w/ carbon adsorber			-						
(9) w/ no controls					_				_
Reclaimer Unit	a 14 c						. j.	in Edward (A	
(10) w/ ref. condenser					1				1
(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?  [] gallons  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. 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  []  Refrigerated condenser  []
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 pursuan 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 permits
(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

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

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

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)					
No air permits currently exist for the operation of the facility indicated in this notification form.						
Responsible Official Certification						
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will promptly notify the Department of any changes to the information contained in this notification.						
Signature	Jen. Cyar 8/29/96 Date					

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY ☐ V RE-INSPECTION ☐					
TIME IN: 0915 TIME OUT:	AIRS ID#: 0950328					
TYPE OF FACILITY: DRY O LEANER	<u> </u>					
FACILITY NAME: TOTAL VALET & WARDED	BE SERVICES DATE: 2/24/97					
FACILITY LOCATION: 5036 W. COLONIAL	DR.					
ORLANDO FL 328	80					
RESPONSIBLE OFFICIAL: PALI CUN PHLI						
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 discrepancies were noted:	ated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED,					
D Need rolling average of	Check to see if all per veceipls					
perc consomption.	are in order. (In complete)					
	are in order. (an complete)					
Need leak check los	Start los					
<del></del>						
3) No Corrective Action	r / /					
Tho Ret. condenser los						
	20.4					
	é					
*						
	<i>y</i>					
COMMENTS: Need to start, keep and	1 maintain records.					
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NOV					
DATE OF NEXT INSPECTION: 8 24 19	approximate)					
INSPECTION CONDUCTED BY: MARIE DRISCOL	L TODD FLETCHERL  lease Print)					
INSPECTOR'S SIGNATURE: Marie La Mercel	PHONE NUMBER: 836-7400					

Page / of /.

Revised 10/96

### BEST AVAILABLE COPY



## **Orange County Environmental Protection Department**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTIO	ON LI	COMPLAINT/DISCO	OVERY	Ö
AIRS ID#: 09.50.328, DA FACILITY NAME:	otal va 5036	alet f w. Co	wardrobe 5	evulcas	
PART I: NOTIFICATION					
(check appropriate box)					/
1. Existing facility notified DARN	1 by 9/1/96				Ø
2. New facility notified DARM 30	days prior to st	artup			
3. Facility failed to notify DARM to use general permit					
Facility indicated on notification (check appropriate box)  A.		:	and the second of the second o		
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)	; U	dry-to-dry or transfer only both types, >	II area source aly, x<140 gal/yr y, x<200 gal/yr <<140 gal/yr 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="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr il/yr</td><td>dry-to-dry o transfer only both types,</td><td>ge area source nly, 140<x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">l on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>0</td><td></td></x<2,>	gal/yr il/yr	dry-to-dry o transfer only both types,	ge area source nly, 140 <x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">l on or after 12/9/91)</x<1,800></x<1,800></x<2,>	0	
This is a correct facility classific	ation		1		
If no, please check the appropria	ite classification	:			
			rabove for a general permit		
B. The total quantity of perchlofacility was ZOO gallons.	roethylene (perc)	) purchased witl	nin the preceding 12 mon	ths by this d	ry cleaning

### BEST AVAILABLE COPY

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?	UY LIN					
2. Examining the containers for leakage?	CHÝ CUN					
3. Closing and securing machine doors except during loading/unloading?	אט ציפ					
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ey on					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY CIN BAN/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 refrience of the complete A 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 musinstalled 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?	ELY ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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?	OY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QA ON					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עצי					

В.		
l	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?	שא מא . מצ מא אם צם אם אם אם
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?	
	is the temperature differential equal to of greater than 20 T?	UI UN MA
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
	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?	א/א אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A
_		
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	,
1.	Maintained receipts for perc purchased?	
2	waimamed receipts for pere purchased?	DY ON
∦ Z·	Maintained rolling monthly averages of perc consumption?	OY ON
	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	DY ON
		OY ON
	Maintained leak detection inspection and repair reports for the following:	
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	бү □N
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?	מט אַם אַם
3. 4. 5.	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 OK/A
3. 4. 5.	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?	
3. 4. 5.	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?	
3. 4. 5. 6. 7	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?	
3. 4. 5. 6. 7	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?	
3. 4. 5. 6 7	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	

2.	Which method of detection is used by t	he respon	sible officia	1?		
	Visual examination (condensed se	olvent on	exterior su	faces)		× ابر
	Physical detection (airflow felt th	rough gas	skets)	•		VIN
	Odor (noticeable pere odor)			•	$\Box$	11/1
	Use of direct-reading instrument:	ition (FID	/PH)/calori	imetric tubes)	$\Box$	NIL
	If using direct-reading instrum	entation,	is the equi	pment:		
	a. Capable of detecting	pere vape	r concentra	tions in a range of 0-500 ppm?	$\Box$ Y	ПN
	b. Calibrated against a (PID/FID only)?	standard į	gas prior to	and after each use	ΩY	ΠN
	c. Inspected for leaks a	nd obviou	s signs of w	car on a weekly basis?	$\Box \Upsilon$	ПN
	d. Kept in a clean and s	secure are	a when not	in use?	$\Box Y$	ПN
	e. Verified for accuracy	by use of	duplicate s	samples (calorimetric only)?	ΠY	ПΝ
3.	Has the facility maintained a leak log?				$\Box$ Y	□и
4.	4. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	ΟY	DN	Muck cookers	ΟY	ON
	Door gaskets and seating	ΠY	ON	Stills	ΠY	ON
	Filter gaskets and scating	ÜΥ	UN	Exhaust dampers	ĽΥ	CIN
	Pumps	ΟY	БN.	Diverter valves	ШΥ	ŊN
	Solvent tanks and containers	ÜΥ	ПИ	Cartridge filter housings	IJΥ	DAN
	Water separators	$\Box$ Y	מא			
-	Pall Con Phll Name of Responsible Office Todd Fletcher		2/24	/97		
-	Inspector's Name (Please P	rint)		Date of Inst	pection	
	del Ilela		)	8/24/	97	<del></del>
	Inspector's Signature			Approximate Date o	I Next	inspection

Revised 10/28/96

## PERCHLOROETHYLENE DRY CLEANERS SEF 2 5 1997

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mebile Sauress

|--|

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION -	
AIRS ID#: 0950328 DATE: 9/22/97 TIME IN: 945 TIME OUT:  FACILITY NAME: Total Valet & Wardvoke Sevulce  FACILITY LOCATION: 5036 W. Colonial DV  OVLando F1 32808	
RESPONSIBLE OFFICIAL * Pali Compali phone: 407 298 -	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum					
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )					
5. This is a correct facility classification	□Y □N □Can not determine					
If no, please check the appropriate classification:  facility qualified for a general permit as number above  facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) prefacility was 200 gallons.	urchased within the preceding 12 months by this dry cleaning					

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	ωÝ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	מט	12K//A
	Is the temperature differential equal to or greater than 20° J7?	ÜҮ	ÜИ	□N/∧
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	ΩN	אואַם
	Is the perc concentration equal to or less than 100 ppm?	Пλ	ПN	ΦŃΛ
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?	ΓΙV	ΓINI	OMIA
	of expansion, and downstream from no other miet?	U;	UN	UMM
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			ŒŃ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□X	ПИ	בוא/ג

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

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				OY,	945		
2.	Has the facility maintained a leak log?				Ø\\	(axt)		
3.	Does the responsible official check the fe	ollowing areas	for leaks?					
	Hose connections, fittings, couplings, and valves	אם אם אים	1/A	Muck cookers	QY	, On On/A		
	Door gaskets and scating	אם אם אם	1/A	Stills		A/NO NO		
	Filter gaskets and seating	אם אם אם	I/A	Exhaust dampers	ΩÝ	ON ON/A		
	Pumps	CA ON ON	I/A	Diverter valves		DN DNA		
	Solvent tanks and containers	DY ON ON	I/A	Cartridge filter housings	DY	□И □И/А:		
	Water separators	. DY DN D1	I/A					
4.	Which method of detection is used by the	ne responsible o	fficial?		/			
	Visual examination (condensed so	lvent on exterio	or surfaces)		Q			
	Physical detection (airflow felt thr	ough gaskets)						
	Odor (noticeable perc odor)							
	Use of direct-reading instrumental	tion (FID/PID/c	alorimetric	tubes)				
	Halogen leak detector			.*				
	If using direct-reading instru	umentation, is	the equipme	ent:	DAN/	A		
	a. Capable of detecting p	oere vapor conc	entrations in	a range of 0-500 ppm?	$\Box$ Y	ПΝ		
	b. Calibrated against a st (PID/FID only)?	tandard gas pri	or to and afte	er each use	ΩY	ПИ		
	c. Inspected for leaks an	d obvious signs	of wear on a	a weekly basis?	ΩУ	ПИ		
	d. Kept in a clean and so	ecure area wher	not in use?		ΩΥ	ΠN		
	e. Verified for accuracy	by use of duplic	ate samples	(calorimetric only)?	$\Box$ Y	ПИ		

Inspector's Name (Please Print)

Inspector's Signature

9 | ZZ | 97
Date of Inspection

Approximate Date of Next Inspection

Resonsible Official Do leak detection and condenser Temp. once a month.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAINT	/DISCOVER	Υ 🗌	RE-INSPECT	ION []
TIME IN: 09 45	TIME OUT:	10 15	AIRS	S ID#: 0	950329	
TYPE OF FACILITY:  FACILITY NAME:  FACILITY LOCATION:	Dry Cleans Total Vale 5036 W.	1 7	vdvob DV	re Sevi	dates 9	1/22/97
DECOMPTE OFFICIAL.	Ovlando	$\Omega$	308	NUMBER.	1107- 700-	<u></u>
RESPONSIBLE OFFICIAL:	Mali Cum	Phil			407- 298-0	
compliance with DEP  Based on the results of	the compliance requirement Rule 62-213.300, Florida Ad the compliance requirement	ministrative Cod	e <sub>.</sub> (F.A.C.).			1 .
discrepancies were not COMPLIANCE REQ	<sup>ed:</sup> UIREMENT/PROBLI	EM   F	OLLOW-	UP ACTIO	N REQUIRE	D
	n mouthly Basis	, ,	Must a we	be don	re once	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>.</u>						
•						
COMMENTS:						
						••
The Annual Compliance Certif		ly certified and s $22/98$	ubmitted to th	ne inspector.	YES	ио 📝
INSPECTION CONDUCTED		(Approxima) Flet	chov			
INSPECTOR'S SIGNATURI	e. Add That	(Please Prin	nt) PHONE	NUMBER:	836-952	24

Page of

## # 0950328

		P. 14  3 now large area source	
1.	Facility Owne	3. new large area source Should be marked	
2.	Site Name (Fo	P.15	
3.	TOTAL Hazardous Wa	,	
4.	Facility Locat Street Addres City:	(c) should be marked _	2807
5.	Facility Identi	80 NOV 1996 27 27 28	
6.	Name and Titl	1 1 1 2 2 2 2 2 2 2 3 1 2 3 1 3 1 3 1 3	
7.	Organization/I Street Address	Firm: N36 W. Colonial Dive	52708
8.	Responsible O Telephone:	Official Telephone Number:  (407 298-0150 Fax: ( ) -	

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Fa	acility Contact (For ex	xample, plant mana	iger):	, ,
	PALI	CUN	PHIM	president
10. Facility Contact Add	ress:	,		,
Street Address: City: May	~4036 W.	Colomas County: Orang	e Dive	ip Code: 32707
11. Facility Contact Tele Telephone: ( \( \frac{1}{6} \)	ephone Number:	70 Fa	x: ( )	-

RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
PHU LOCK INC.  2. Site Name (For example, plant name or number):							
TOTAL VALET & WARDROBE SERVICES							
3. Hazardous Waste Generator Identification Number:							
FLD CESQG							
4. Facility Location: 5036 W. Colomal Drive							
Street Address: City: Oplands County: Orange Zip Code: 32807							
5. Facility Identification Number (DEP Use):							
- 2950328							
Responsible Official							
6. Name and Title of Responsible Official:							
PALI CLIN PHLI President							
7. Responsible Official Mailing Address: Organization/Firm: 5036 W. Colonical Dive							
City: Orlando County: Organg Zip Code: 32708							
8. Responsible Official Telephone Number:							
Telephone: (407 291-0110) Fax: ()							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
PALI CUN PHLI president							
10. Facility Contact Address:							
Street Address: 5036 W. Word Dure							
Street Address: 5036 W. World Drive City: Mando County: orange Zip Code: 3233							
11. Facility Contact Telephone Number: Telephone: (407 298-0570) Fax: ( ) -							

RECEIVED

SEP 3 1996

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

Page 13 of 16

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.

	ļ.	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		lnitially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	7	DIMARS	MAN 10P	14.			٠	•	: .
(1) w/ ref. condenser			ĺ						
(2) w/ carbon adsorber								, ,	
(3) w/ no controls			•						
Washer Unit	7	205 50002	05 Sep 95	<u> </u>	10 Feb 90	6 10 Feb 96	3	12 April 0	16 12/1pu
(4) w/ ref. condenser	•	<del>                                     </del>						T , .	<u> </u>
(5) w/ carbon adsorber									
(6) w/ no controls			,						
Dryer Unit	}	OJ-SERGI	05 5629	.2)	12 And 96	12 April 91	<u> </u>		
(7) w/ ref. condenser		<del></del>		1		' '	_		
(8) w/ carbon adsorber				-					
(9) w/ no controls								_	
Reclaimer Unit	٠.	· :		<u> </u>		· .			·
(10) w/ ref. condenser				<u> </u>		_			
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	-								
2.(a) What was the total of			oroethylene (	perc)	purchased in	n the latest 12	! mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	·	]		
Existing large are	ea so	ur <del>ce [ X ]</del>	P.CP No	w laı	rge area sour	ce [ <u>X</u>	ر ا	P. C. 12	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursuant to section (5) o (Indicate with an "X".)</li> </ol>	f Part II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated condenses	· <u>V</u>
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser  [ ]  P.C. P.	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption 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 boiler HP or less), and (2) are fired exclusively by natural gas except for per during which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be kept on-site in accordance with the re-	equirements of this general permit:
(a) Purchase receipts and solvent purchases	X
(b) Leak detection inspection and repair	$\subseteq$
(c) Refrigerated condenser temperature monitoring	[X] [X] P. c. p.
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	$\swarrow$

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

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

Ple	ease indicate	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	À	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 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 pro	mptly notify the Department of any changes to the information contained in this notification.
	Signature	Jen. Cyan 8/29/96  Jate 2/24/97
		v <b>/</b>

# DRY CLEANER AIR QUALITY GENERAL PERMIT VED

ANNUAL COMPLIANCE CERTIFICATION FORM 2 9 1998

AIRS ID#0950328

PHU LOCK INC PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

		<i>D0</i> 110	<u>71</u> Remove	Label		
	Annual Reporting Period:		19	то		19
njen j	Based on each term or condition of the Titl	-			<del></del>	EP Rule
	If NO, complete the following:	1.71.0.), during the peri	ou covered	by this statement.	<b>—</b> 125	TO TO THE PERSON OF THE PERSON
	#1. Term or condition of the general perm	it that has not been in co	ontinuous	compliance during th	ne reporting perio	d stated above:
	Exact period of non-compliance: from			to		,
	Action(s) taken to achieve compliance: .					
	Method used to demonstrate compliance:					PAC .
	#2. Term or condition of the general perm	it that has not been in co	ontinuous	compliance during th	ne reporting perso	d stated above:
	Exact period of non-compliance: from			to		,
	Action(s) taken to achieve compliance:		•			
	Method used to demonstrate compliance:	·				
	As the responsible official, I hereby certify, ba notification are true, accurate and complete does not exceed 2,100 gallons per year for dry	Further, my annual consi to dry facilities or 1,800 g	umption of gallons per	perchloroethylene sol	vent, based upon p	urchase receipts,
	RESPONSIBLE OFFICIAL: Na	mme (Please Print)	<u> </u>	Signature	<u>n gu</u>	Date

<sup>\*</sup>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.

## DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM 2 9 1998

Bureau of Air Monitoring AIRS ID#0950328 & Mobile Sources PHU LOCK INC PAU PHU 5036 W CCLONIAL DRIVE ORLANDO FL 32808 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule חא∩ 02-213.300, riorida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitoring Method used to demonstrate compliance: & Mobile Sources As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

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

discretion of the responsible official to use this form.

# PERCHLOROETHYLENE DRY CLEAN RECEIVED

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v 0	COMPLAINT/DI B	OCT 2 9 1998 SCOVERY  ureau of Air Monitoring Mobile Sources
AIRS ID#: <u>0950328</u>	DATE: 10/12/9	<u>?</u> тім	E IN: <u>12:00</u> 7	гіме оит: <u>/2.30</u>
FACILITY NAME: TOTA	AL VALET.	AND W	ARDROBE S	ERVICES
FACILITY LOCATION:	5036 W.	COLO	NIAL DE	•
	ORLANAC		*	
RESPONSIBLE OFFICIAL	: PAU CU	n PHU	PHONE: <u>407</u>	-298-0510
CONTACT NAME:			PIIONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to star	tup		
2. Facility failed to notify DA	RM to use general per	mit		۵
PART II: CLASSIFICATIO	N			
Facility indicated on notifica	tion form that it is:		☐ No notification	
(check appropriate box)  A.			U Drop storc/ou	t of business/petroleum
1. Existing small area so		2. New sm	all area source	
dry-to-dry only, $x < 140$ ga	•		only, $x < 140 \text{ gal/yr}$	
transfer only, $x < 200$ gal/y both types, $x < 140$ gal/yr	r ·		y, x < 200 gal/yr x < 140 gal/yr	
(constructed before 12/9/9)	1)		1 on or after 12/9/91)	,
3. Existing large area so	arce 🛚	4. New lar	ge area source	
dry-to-dry only, $140 \le x \le$	2,100 gal/yr	dry-to-dry o	only, $140 \le x \le 2,100$ g	
transfer only, $200 \le x \le 1$ ,			$y, 200 \le x \le 1,800 \text{ gal}$	
both types, $140 \le x \le 1,80$ (constructed before 12/9/9)			$140 \le x \le 1,800 \text{ gal/yr}$ d on or after 12/9/91)	r ·
5. This is a correct facility	classification	ØY 0	N □Can not deter	mine

If no, please check the appropriate classification:

facility qualified for a general p

☐ facility qualified for a general permit as number \_\_\_\_\_ above

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 2.50 gallons.

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

B.	Has the responsible official of an existing large or new large area source also:	
ı.	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?	MY CIN
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 ØN/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?	עואס אום אם
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 ENIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם צע

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

PΛ	ART VII LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inapportion?			ON ON			
2.	Has the facility maintained a leak log?			MO AE			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	EY ON ON/A			
	Door gaskets and scating	אואם אם אבש	Stills	מא טט טאים			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	EY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	ENY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	MY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?		_			
	Visual examination (condensed so	olvent on exterior surface	s)	8			
	Physical detection (airflow felt thr	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)				
	Halogen leak detector			<u> </u>			
١.	If using direct-reading instr	umentation, is the equip	oment: .	ØN/A			
	a. Capable of detecting p	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	after each use	OY ON				
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and se	sc?	UY ON				
	e. Verified for accuracy	OY ON					
		×					

ASSEFA HAILEMAKIAM	10/12/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	10/12/99 Approximate Date of Next Inspection

DDITIONAL SITE INFORMATION:			
•		·	
	•		
· ·			
		· · · · · · · · · · · · · · · · · · ·	
		:	
· ·			
•			
	•		
		•	
		·	
•	•		
The second second			
		•	
·			
		•	
	9		
		•	
· ·			
•			
		•	
		1	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSP	ECTION [
TIME IN: 12:00 TIME OUT: 12:30 AIRS ID#: 095032	<del>_</del> 8
TYPE OF FACILITY: DRY CLEANING	
FACILITY NAME: TOTAL VALET AND WORD TOLE SPAKEDATE: 10	1/12/98
FACILITY LOCATION: 5036 W. COLONIAL DR	
ORLANDO FL 32808	
RESPONSIBLE OFFICIAL: PAWA CUM PHU PHONE NUMBER: 407-298	2-0510
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	be in
Based on the results of the compliance requirements evaluated during this inspection, the following compliant discrepancies were noted:	nce
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUI	RED
•.	
	+ 4
·	
COMMENTS:	·
•	
FACILITY IN OLDER	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES	NO
DATE OF NEXT INSPECTION: 10/12/99	_
(Approximate)	£ .
INSPECTION CONDUCTED BY: ASSEFA HAILEMANIAM (Please Print)	
,	.:
INSPECTOR'S SIGNATURE TO SOL THE PLANTAGE PHONE NUMBER: 407- 83	36-9323

## Orange County Environmental Protection Department

AIRS 1D#: 09503

0950328 Best Available Copy

Ade

9-27-99 J

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Δ.	MINOALC	OMITLIA	NCE CER	IIIICAI	ION FOR	IVI	•
FACILITY NAME: Total	Valet	\$ W	ardrobo	e Ser	vices	DAT	E: 9/13/97
FACILITY LOCATION: 50	36 W	Colon	ial D	rive			
	rlando	,FL					
		C: / = 2	· · · · · · · · · · · · · · · · · · ·	~~	· · · · ·		
Annual Reporting Period:		9/22	19	1/ то		10	1998
						/	DEP Rule
If NO, complete the following:				•			
#1. Term or condition of the gener	al permit tha	t has not bee	n in continue	ous complian			
Exact period of non-compliance: f	rom				to	SEP 2	2 <del>8 1999</del>
Action(s) taken to achieve complia	nce:					Purcout of	Air Monitoring
Method used to demonstrate compl	sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. XYES NO. NO, complete the following:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  RECEIVED						
#2. Term or condition of the gener	al permit tha	t has not bee	n in continu	ous complian	ace during the	e reporting pe	riod stated above:
Exact period of non-compliance: f	rom				0		
Action(s) taken to achieve complia	nce:						
Method used to demonstrate compl	iance:						
·							
made in this notification are true, o upon rolling averages of purchase	accurate and receipts, doe	complete. F	urther, my a	nnual consui	mption of per	chloroethyler	ne solvent, based
		CHN	NHA	Inl	In lu	av	9/13/99
RESTORSUBLE OFFICIAL:	Name (	Please Print	)		Signature	/	Date
*This form is made available to you discretion of the responsible official			et your annua	d complianc	e certification	n requirement	s. It is at the

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY C
RE-INSPECTIO	NOV 8. MG
AIRS ID#: 0950328 DATE: 10/29	
FACILITY NAME: Total Valet ar	<u> </u>
FACILITY LOCATION: 5036 W. C	
Orlando, F	
RESPONSIBLE OFFICIAL: Pau Lun	Phu PHONE: 407-298-0510
CONTACT NAME:	PHONE:
	2/99 Friday -anytime. 10/25 Not in.
PART I: NOTIFICATION	
(check appropriate box)	
I. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general per	nnit 🗆
<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	` □ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.  1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☑Y □N □Can not determine
If no, please check the appropriate classific	ation:
	neral permit as number above
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 448 gallons.	rchased within the preceding 12 months by this dry cleaning
facility exceeds above lin	nits and is not eligible for a general permit
	irchased within the preceding 12 months by this dry cleaning

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY 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?	DY 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 ØN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MIN/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DAY ON		
2.	Has the facility maintained a leak log?			ON DIN		
3.	Does the responsible official check the fe	ollowing areas for lea	ıks?			
	Hose connections, fittings, couplings, and valves	EY ON ON/A	Muck cookers	CAY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by the	e responsible official	?			
	Visual examination (condensed so	lvent on exterior surf	aces)			
	Physical detection (airflow felt thro	ough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/PID/calorin	netric tubes)			
	Halogen leak detector	•	•	<b>W</b>		
	If using direct-reading instru	mentation, is the eq	uipment:	□N/A		
	a. Capable of detecting p	erc vapor concentrat	ions in a range of 0-500 ppm?	QY QN		
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to a	nd after each use	OY ON		
	c. Inspected for leaks and	l obvious signs of wo	ear on a weekly basis?	□Y □N		
	d. Kept in a clean and see	cure area when not ir	use?	OY ON		
	e. Verified for accuracy	by use of duplicate sa	amples (calorimetric only)?	OY ON		
		· ·				
	Ilka Rundy		10/19/99.			
	Inspector's Name (Please Print	t)	Date of Inspection	·		
	Ilha Bunda		10/29/2000	·		
	Inspector's Signature		Approximate Date of	Next Inspection		

	ADDITIONAL SI	ITE INFORMATION:	
	·		
		,	
·			

## **Orange County Environmental Protection Department**

4RM) 11/1/99 }

AIRS ID#: 0950328

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Total V	alet ar	id War	drobe	Servi	ces .	DATE:	10/29/99
FACILITY LOCATION: 5036	o W. Co	slonial	Dr.				. ,
	ndo, FL						
31 (0)	1100 , 1 =			· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period:	t. 12		19 <u>98</u>	то	Oct 2	9	19 99
Based on each term or condition of the G2-213.300, Florida Administrative C					<del>\</del>		P Rule
If NO, complete the following:							
#1. Term or condition of the general	permit that h	as not been i	n continuous o	compliance c	luring the rep	orting perio	d stated above:
Exact period of non-compliance: from	m			to_			
Action(s) taken to achieve complianc	:e:						· 
Method used to demonstrate complian	nce:		·		·		· 
#2. Term or condition of the general	permit that h	as not been i	n continuous o	compliance o	luring the rep	orting perio	d stated above:
Exact period of non-compliance: from	mı			to_			
•							
Action(s) taken to achieve complianc	Ю.						
				•		·	
							· · · · · ·
Method used to demonstrate compliants  As the responsible official, I hereby of the made in this notification are true, accupon rolling averages of purchase re	certify, based courate and co	mplete. Fur	ther, my annu	al consumpt	on of perchlo	roethylene	solvent, based
Action(s) taken to achieve compliance Method used to demonstrate complia  As the responsible official, I hereby of made in this notification are true, accupon rolling averages of purchase re year for transfer or combination faci  RESPONSIBLE OFFICIAL:	certify, based courate and co	mplete. Furnot exceed 2,	ther, my annu	al consumpt	on of perchlo	roethylene	solvent, based

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸 COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1040	тіме оит: <i>1105</i>	AIRS ID#:	0950328
TYPE OF FACILITY: Dry	Cleaner		. /
FACILITY NAME: Total		obe Services	DATE: 10/29/99
FACILITY LOCATION: 503	6 W. Colonial Dr		. , ,
Orl	ando FL 3280		
RESPONSIBLE OFFICIAL: PO	au Cun Phu	РНОМЕ NUMBE	r: 407-298-0510
langer I	e compliance requirements evalua de 62-213.300, Florida Administra	_	acility is found to be in
Based on the results of the discrepancies were noted	e compliance requirements evalua :	ated during this inspection, the f	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
	•		
	·		
	-		
,		-	
		. (	
		,	
COMMENTS:			
Facility	in complian	ce,	
The Annual Compliance Certifica	tion form has been properly certif	ied and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION	v: 10/29 /,	2000	
INSPECTION CONDUCTED E	Ilka Ru	oproximate)	
mar ection conducted t		lease Print)	(,2) // // //
INSPECTOR'S SIGNATURE:	Mha Bung	PHONE NUMBE	CR: 836-/900
	Page	of (	Revised 10/96

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ď	COMPLAINT	DISCOVERY	o o	
	RE-INSPECTION	ū			1	
	· .		· · · · · · · · · · · · · · · · · · ·			
airs id#: 0950328				_ TIME QUT:	1330	
FACILITY NAME: Tota				S OS T	320	
FACILITY LOCATION:					Onio	
и	Orlando, FL				& The	
RESPONSIBLE OFFICIAL:	Pau Cun Ph	u	PHONE: 4	7-298-	<u> 2510</u>	
CONTACT NAME:			PHONE:		·	
					}	
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM	30 days prior to startup				a	
2. Facility failed to notify DAR	M to use general permit	i			٥	
PART II: CLASSIFICATION	1	·				
Facility indicated on notificati	on form that it is:		No notifica			
(check appropriate box) A.			☐ Drop store/	out of business/p	etroleum	
1. Existing small area sour	rce 🛭 2.	New small ar	rea source	<b>Q</b> .	•	
dry-to-dry only, $x \le 140$ gal/	-		x < 140 gal/yr	•		
transfer only, x < 200 gal/yr		insfer only, x <	~ -			
both types, $x < 140 \text{ gal/yr}$		th types, $x < 1$			Í	
(constructed before 12/9/91)	(60	onstructed on t	or after 12/9/91	,		
3. Existing large area sour	ce 🛭 4.	New large ar	ea source	Ø		
dry-to-dry only, $140 \le x \le 2$ ,			$140 \le x \le 2,100$	) gal/yr		
transfer only, $200 \le x \le 1,80$			$0 \le x \le 1,800 \text{ g}$			
both types, $140 \le x \le 1,800$			$\leq x \leq 1,800 \text{ gal/}$			
(constructed before 12/9/91)	(00	onstructed on o	or after 12/9/91]	)		
5. This is a correct facility cl	assification 🛮 🗖	Y 🔲N	□Can not det	ermine		
If no, please check the	appropriate classification	n:			•	
	If no, please check the appropriate classification:  facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit						
			11			
B. The total quantity of perchlo facility was 390 gallons.		asca within the	e preceding 12 i	nonths by this di	y cleaning	

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY □N □N/A
Is the temperature differential equal to or greater than 20° F?	DY 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?	DY ON WANA
Is the perc concentration equal to or less than 100 ppm?	DY ON WINA
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?	DY DN MANA
5. Equipped transfer machines (dryers, reclauners, and washers) with individual condenser coils?	DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON DINA

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

#### **BEST AVAILABLE COPY**

PART VI: LEAK DETECTION AND R	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection an	nd repair
inspection?			DY ON
2. Has the facility maintained a leak log?			ery on
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	MAND ND AND	Muck cookers	MY ON ON/A
Door gaskets and scating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A
Pumps	אַעַם אם אַט	Diverter valves	MY ON ONA
Solvent tanks and containers	CIY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed se	olvent on exterior surface:	s) <sub>.</sub>	ପ୍ର
Physical detection (airflow felt thi	ough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumental			
Halogen leak detector	a _		
If using direct-reading instru	EIN/A		
a. Capable of detecting p	OY ON		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	OY ON
c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	OY ON
d. Kept in a clean and se	cure area when not in use	?	OY ON
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN
,		•	•
Ilka Bundy		10-17-00	
Inspector's Name (Please Prin	(1)	Date of Inspection	
Julia Bunch.		10-27-01	
Inspector's Signature	_ <del></del>	Approximate Date of 1	Next Inspection

#### ADDITIONAL SITE INFORMATION:

$$7-3-99$$
  $39.0$ 
 $7-99$   $78.0$ 
 $7-99$   $39.0$ 
 $8-99$   $39.0$ 
 $9-99$   $39.0$ 
 $10-99$   $39.0$ 
 $10-99$   $39.0$ 
 $10-99$   $39.0$ 
 $11-99$   $39.0$ 
 $12-99$   $39.0$ 
 $11$ 

pc

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 10-27-00 MB

FACILITY NAME: Total Vale-	t and Wardro	be Services	DATE: U-	27-00
FACILITY LOCATION: 5036 W	. Colonial Dri	ve		
Orlando	FL 32808			
<u> </u>				
Annual Reporting Period: October	, 1999 29	TO Octo	ber	20 00
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		· 1	ance with DEP Rule	O
If NO, complete the following:			•	
#1. Term or condition of the general permit	that has not been in continu	nous compliance during the re	eporting period stated	above:
Exact period of non-compliance: from	<del>-</del>	to		
Action(s) taken to achieve compliance:				•
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in continu	ious compliance during the re	eporting period stated	above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·		
As the responsible official, I hereby certify, in this notification are true, accurate and copurchase receipts, does not exceed 2,100 gas combination facilities.	implete. Further, my annua	l consumption of perchloroeth	hylene solvent, based	upon
RESPONSIBLE OFFICIAL: PAGE Na	M CUN PHY me (Please Print)	Signature	Date	17/00

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAIN	T/DISCOVERY	RE-INSPECTIO	N 🗀
TIME IN: 1310	TIME OUT:	1330	AIRS ID#:	0950328	
TYPE OF FACILITY: Dry	Cleaner				
FACILITY NAME: Tota	^		. Services	DATE: 10-27-	00
FACILITY LOCATION: 50			· · · · · · · · · · · · · · · · · · ·	·	<del></del> _
	, ,	7808			
RESPONSIBLE OFFICIAL:	Pau Cun Phu		PHONE NUMBE	2: <u>407-29<i>8</i>-05</u>	10
	the compliance requirement Rule 62-213.300, Florida		-	icility is found to be in	
Based on the results of discrepancies were note	the compliance requirement	ents evaluated duri	ng this inspection, the fo	ollowing compliance	
COMPLIANCE REQ	UIREMENT/PROB	LEM J	FOLLOW-UP ACT	TION REQUIRED	_
,			•		
				,	
				· . ———————————————————————————————————	
	<b>)</b>				
<del></del>					
17	٠			•	
4 (1)	7				
			•		
COMMENTS:	<del> </del>	L		* * * *	
Facility i	in complia	nce.			
1					
The Annual Compliance Certifi	cation form has been prop	erly certified and	submitted to the inspect	or. YES N	 ⊃∏
DATE OF NEXT INSPECTIO	ON:	0-27-0/ (Approxim	ate)	_	
INSPECTION CONDUCTED	DBY: I/	ka Bundy			
	111 0	(Please Pri	nt)	1/27 621	
INSPECTOR'S SIGNATURE	i: Alka Bi	md)	PHONE NUMBE	r: <u>407-836-1</u>	400
		Page / of /		Rev	vised 10/96

**₹** 

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 21 97

Do NOT Remove Label

AIRS ID# 0950328

PHU LOCK INC PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

361543

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 23 99

Do NOT Remove Label

AIRS ID # 0950328

TOTAL VALET & WARDROBE SERVICES PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808

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 dabel.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0950328`
TOTAL VALET & WARDROBE SERVICES
PAU PHU
5036 W COLONIAL DRIVE
ORLANDO FL 32808

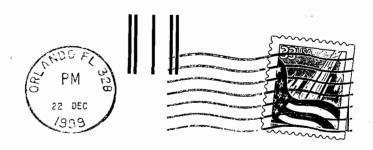
DEC 29 1999

DEC 29 1999

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

Total Valet 5036 W. Colonial Brive OPLANDO FL 3280P



TITLE V - General Permit 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#0950328

PHU LOCK INC PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50,00

Do NOT Remove Label

AIRS ID # 0950328

TOTAL VALET & WARDROBE SERVICES PAU PHU

5036 W COLONIAL DRIVE ORLANDO FL 32808

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

412640 JAN 72002

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 # 0950328
TOTAL VALET & WARDROBE SERVICES
PAU PHU
5036 W COLONIAL DRIVE
ORLANDO FL
32808

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	P 265 30	P05 51		
ļ	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provided.		
PAL	AIRS ID J LOCK INC J PHU 6 W COLONIAL DRIVI LANDO FL 32808	p#; 0950328 E		
	Certified Fee			
-	Special Delivery Fee			
	Restricted Delivery Fee		]	
April 1995	Return Receipt Showing to Whom & Date Delivered		1	
	Return Receipt Showing to Whorn, Date, & Addressee's Address		]	
008	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> ,	Postmark or Date			

n the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so th card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered delivered.	space does not article number.	l also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
N ADDRESS completed o	AIRS ID#: 0950328 PHU LOCK INC PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808	4a. Article N 4b. Service Registere	Type ed
ls your RETUR	5. Received By: (Print Name)  6. Signature: (Addressed of Agent)  Addressed of Agent)	8. Addresse and fee is	e/s Address (Only if requested temperature)
_	PS Form <b>3811</b> , December 1994		Domestic Return Receipt

#### Z 510 PP5 445

# US Postal Service Receipt for Certified Mail

AIRS ID # 0950328001AG PAU PHU TOTAL VALET & WARDROBE SERVICES 5036 W COLONIAL DRIVE ORLANDO FL 32808

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1999 HIN	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
	Postmark or Date	

-	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
7774	Article Sent To:	4 .				
\r	Z 2104	(e2 992	(OCID)			
72	Postage	\$				
입	Certifled Fee		Postmark			
1200	Return Receipt Fee (Endorsement Required)		Here			
	Restricted Delivery Fee (Endorsement Required)					
0090	Total Postage & Fees	\$	·			
7000 01	Name (Please Print Clearly) (to be completed by mailer)  Street, Apt. No.; or PO Box Wo.  City, State, ZIP+4					
	PS Form 3800, July 1999		See Reverse for Instructions			

PLACE STICKER AT TOP OF ENVELOPE  TO THE RIGHT OF RETURN ADDRESS.	TE THIS SECTION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Is delivery address different from item 12 Yes				
1. Article Addressed to:	D. Is delivery address different from item 1? Yes  I RESCENT Gelipery Iddress below No				
10 AIRS ID # 0950328001AG PAU PHU TOTAL VALET & WARDROBE SERVICES	JUN 1 3 200				
5036 W COLONIAL DRIVE ORLANDO FL 32808	3. Service Type  Bureau of Air Monitoring  Certified Mail Express Mail  Registere Mobil Sell Free Secient for Merchandise  Insured Mail C.O.D.				
2210 662 992	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) 7000 CGOD CO2 1. 2827 7114					
PS Form 3811, July 1999 Domestic Ref	urn Receipt 102595-99-M-1789				

US Postal	EEE	P P O	335		
Receipt for Certified Mail					
7AU PHU 5036 W C	ALET & V DLONIAL DFL 3280	VARDRO DRIVE	AIRS ID OBE SE		
Postage		\$			
Certified Fee					
Special Deliv	ery Fee				
Restricted De	elivery Fee				
Return Recei Whom & Date	ipt Showing to e Delivered				
	Showing to Who	m,			
Date, & Address					
TOTAL Posta	age & Fees	\$			

!

:

n the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  Ot addoja/ua jo doj ja/o auji je pio je p					
IN ADDRESS completed on	AIRS ID # 0950328 TOTAL VALET & WARDROBE SERVICES PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808	Consult postmaster for fee.  4a. Article Number  2.333 660 335  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery				
ur RETURN	5. Received By: (Print Name) 6. Signature: (Aparessee of Agent)	Addressee's Address (Only if requested and fee is paid)				
ls your	X PS Form <b>3811</b> , December 1994 10	2595-97-B-0179	Domestic Return Receipt			

	P 174 0.	52 102					
	US Postal Service Receipt for Certified Mail						
5	AIRS ID # 0950328 TOTAL VALET & WARDROBE SERVICES PAU PHU 5036 W COLONIAL DRIVE ORLANDO FL 32808						
	Postage	\$					
	Certified Fee						
	Special Delivery Fee						
LO.	Restricted Delivery Fee						
199	Return Receipt Showing to Whorn & Date Delivered						
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address						
800	TOTAL Postage & Fees	\$					
PS Form <b>3800</b> , April 1995	Postmark or Date						

Ol adola/Ne to dol Javo auti  SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	i also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  AIRS ID # 0950328  TOTAL VALET & WARDROBE SERVICES PAU PHU  5036 W COLONIAL DRIVE ORLANDO FL 32808	4a. Article Number  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X AWA LIVERT  PS Form 3811, December 1994	8. Addressed and fee is	b's Address (Only if requested paid)  Domestic Return Receipt